

2023 Evaluation of the Drinking Check

drinkaware

Prepared by
Chrysalis Research

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Executive summary



Aims and methods

Aims:

Drinkaware commissioned Chrysalis Research to conduct research about its online tool, the Drinking Check. The Drinking Check is an online self-assessment tool which allows individuals to find out whether the amount they drink could be putting their health at risk.

The research was designed to find out whether the Drinking Check can:

- improve knowledge about alcohol harm amongst UK drinkers
- change attitudes towards drinking from choosing to continue as before towards finding it practical to take steps.

A secondary objective of the research was to make recommendations for the future development of the Drinking Check.

Methods

- The research consisted of two phases; there were approximately 4-6 weeks between participants completing each phase. At both time points, participants were asked to complete the Drinking Check followed by an online questionnaire. A small number of phone interviews (6 at phase 1 and 8 at phase 2) were conducted after each phase with individuals who had completed the questionnaires.
- To qualify for the research, people had to either be drinking an average of 14 or more units per week or be concerned about someone they know who was drinking 14 or more units.
- 939 people completed the phase 1 questionnaire; 488 completed the phase 2 questionnaire.

Executive summary

Using the Drinking Check

- When asked at phase 1, most people (89% who filled in the Drinking Check for themselves, 88% who filled it in for someone else) had not filled in the Drinking Check (or similar) in the 6 months prior to the research, but a similar proportion in both groups agreed it was important for people to know their risk level and that this type of online tool is useful.
- Participants described the benefits of an online tool as it being confidential, informal and less judgemental, making it easier to be honest when answering the questions. Conversely, there were some who felt it is easier to be dishonest with answers on an online tool, as there is no one to challenge your responses.
- After they had filled in the Drinking Check at phase 1, most people said they found it easy to answer accurately (90%, no difference for who people filled in the Drinking Check for) and honestly (91% who filled it in for themselves, 84% who filled it in for someone else).
- However, there was evidence that for some people this was not the case. Some struggled to calculate their units per week while others felt that some of the AUDIT response options did not reflect their drinking habits. These issues led to some people questioning the validity of their risk level.
- At phase 2, 42% of those who filled in the Drinking Check for themselves and 63% of those who filled it in for someone else said they would look at the Drinking Check again at some point in the next 6 months. Slightly fewer said they would recommend it to someone else (34% who filled it in for themselves, 56% who filled it in for someone else). Some were reluctant to recommend it in case it came across as them criticising or judging the other person.

Reaction to the risk level (at phase 1)

- At phase 1, a third of people (31%) said their own risk level was higher than they expected.
 - 40% of those who filled in the Drinking Check for themselves said they were surprised at their result, with a similar proportion (37%) saying they were concerned about the amount they drink.
- Half (50%) of those who filled in the Drinking Check for someone else were surprised by the result but 90% said they were concerned about the amount the other person drinks.
- A high proportion of participants believed the risk level accurately reflects risk (77% who filled it in for themselves, 85% who filled it for someone else) and trusted the information and advice shown about the risk level (83% who filled it in for themselves, 89% who filled it for someone else).
- The Drinkaware brand made a difference to how much people trusted the information and advice shown (80% who filled it in for themselves, 90% who filled it in for someone else).
- Most (94% of everyone) read the information about the risk level, and 80% of those who filled it in for themselves and 71% of those who filled it in for someone else scrolled down to look at the rest of the page.
 - However, further engagement was limited. A quarter (26% of everyone) clicked on links to further information and advice and one-fifth (19%) signed up for a follow-up email.
- Those who did click on further information and advice rated this very highly (88% said it was easy to understand the information and advice and 93% said the information would be helpful in helping them make a change).

Executive summary

Impact of filling in the Drinking Check (by phase 2)

- At phase 2, half (51%) of those who filled in the Drinking Check for themselves reported taking at least one action since phase 1. Of these, the majority attributed the action(s) they had taken to the Drinking Check (69%) and the information and advice on the results page (73%). Others indicated that they were in the process of making changes and doing the Drinking Check reinforced this.
- Just under a fifth (16%) reported their own risk level being lower at phase 2 and two thirds (63%) had reduced their units per week (63%).
- Three quarters (77%) of those who filled in the Drinking Check for someone else reported taking at least one action since phase 1. Three quarters attributed this to the Drinking Check (76%) and the information and advice on the results page (77%).
- Two thirds (62%) of those who filled in the Drinking Check for someone else said conversations with that person were easier compared with ones prior to phase 1.
- However, 44% said they felt unable to take any action to address the other person's drinking: 41% said receiving tips on how to moderate drinking might make this easier and 36% wanted suggestions for how to ask someone about their motivations for drinking.
- In the short time between phase 1 and 2 of the research, 22% looked at the Drinking Check on their own (i.e. unprompted by the research).

Introduction and methods



Introduction and methods

Aims of the research & overview of the approach

Aims:

Drinkaware commissioned Chrysalis Research to conduct research about its online tool, the Drinking Check. The Drinking Check is an online self-assessment tool which allows individuals to find out whether the amount they drink could be putting their health at risk.

The research was designed to find out whether the Drinking Check can:

- improve knowledge about alcohol harm amongst UK drinkers
- change attitudes towards drinking from choosing to continue as before towards finding it practical to take steps.

A secondary objective of the research was to make recommendations for the future development of the Drinking Check.

This report covers the findings from two phases of research

Phase 1: the focus of this phase was on users' initial response to the Drinking Check, the advice provided and their trust in it, and the impact of the Drinkaware brand.

Phase 2: this phase focused on the research questions related to changes to attitudes and behaviour, recall of advice and guidelines for low-risk drinking.

Introduction and methods

Methods

Phase 1

- Online survey with adults across the UK
- Participants were recruited using a research panel, using a sample frame which was matched to the profile of users of the Drinking Check. To qualify for inclusion in phase 1 of the research people had to either be (1) drinking 14 or more units of alcohol in a typical week or (2) drinking <14 units per week but concerned about a friend/ family member who is drinking 14+ units of alcohol in a typical week
- Follow-up depth interviews with 6 people who had completed the survey
- Research was conducted 26th October to 10th November 2023.

Once participants had screened into the survey, they were asked to complete the Drinking Check (either for themselves or with a friend or family member they were concerned about in mind) then return to the survey

Phase 2

- Online survey with adults across the UK who completed the phase 1 questionnaire
- Follow-up depth interviews with 8 people who completed the survey
- Research was conducted 4th to 15th December 2023.

Participants were asked to complete the Drinking Check again before completing the survey. The phase 2 questionnaire included some questions repeated from phase 1, to track any changes over time, as well as questions asking about users' future behaviour

Introduction and methods

Survey sample overview

At both phases, the survey samples included a range of participants across the following:

- Age
- Gender
- Region
- Ethnicity
- Social grade
- Health status (i.e. any mental/ physical health condition(s) lasting or expected to last 12 months or more)
- Sexual orientation

Overall, the sample composition was similar across the phases

- The only exception to this was there were more 18–34-year-olds in phase 1 and more 45–64-year-olds in phase 2.

At both phase 1 and 2, there were more males, people aged 45+ years and white people amongst those who filled in the Drinking Check for themselves compared to those who filled it in for someone else.

In addition, at phase 2 there were more people with a health condition amongst those who filled in the Drinking Check for someone else (compared to those who filled it in for themselves).

A comparison of the samples at phase 1 and 2 is shown in the appendix.

- For age and gender, the profile of participants represented that of users of the Drinking Check as much as possible
- Region and health status were matched to nationally representative data
- For gender, ethnicity, social grade and sexual orientation, we aimed for a nationally representative sample with a boost in particular categories (e.g. more LGB+ people) in these groups so that insights from those who are usually under-represented in the provision of services could be identified.

Introduction and methods

Survey sample, alcohol consumption per week

Survey sample, phase 1 & 2



Phase 1

Amongst those who filled in the Drinking Check for themselves:

- 10% = low risk (14 units)
- 76% = increasing risk
- 14% = high risk

Amongst those who filled in the Drinking Check for someone else:

- Almost all (97%) judged their friend/ family member to be increasing/ high risk

Phase 2

Amongst those who filled in the Drinking Check for themselves:

- 44% = low risk (≤ 14 units)
- 45% = increasing risk
- 11% = high risk

Amongst those who filled in the Drinking Check for someone else:

- Almost two thirds (60%) judged their friend/ family member to be increasing/ high risk

Participants were not asked to share their risk level from the Drinking Check when completing the survey, so it is not possible to look for differences in the data by this risk level.

As a proxy, we asked participants about their alcohol consumption to determine their risk. Any differences between risk (based on consumption) are highlighted in the report. In the interests of making it easy to read the slides that follow, we have used the categories outlined in the box on the right which are taken from the Drinkaware Monitor 2022 (see p21).

Low risk (14 units)*= 14 units (both males and females); **increasing risk** = for males, 15-49 units; for females, 15-34 units; **high risk** = for males, 50+ units; for females, 35+ units.

*At phase 2, low risk includes ≤ 14 units for both males and females to allow for people who had decreased their consumption.

Note, it was not possible to differentiate between increasing and high risk amongst people who filled in the Drinking Check for someone else as we did not ask for the gender of the other person.

Introduction and methods

Interview sample

Qualitative research was carried out during each phase to complement the quantitative data and probe on the responses given by participants. 14 phone interviews were carried out with selected survey participants.

Phase 1, 6 interviewees

All were people who had filled in the Drinking Check for themselves; all but one reported drinking more than 20 units per week (one drinking 14 units).

Mix of genders (1 female, 4 male, 1 non-binary), recruited to achieve a spread of sub-groups. In addition:

- 3 from C2DE social grade
- 1 from a minority ethnic group
- 1 LGB+

Phase 2, 8 interviewees

6 who had filled in the Drinking Check for themselves; all reported drinking more than 20 units per week at phase 1.

Mix of males and females, recruited to achieve a spread of sub-groups. In addition:

- 3 from C2DE social grade
- 2 from a minority ethnic group
- 1 LGB+

2 who had filled in the Drinking Check with a friend or family member in mind.

Introduction and methods

Participant compliance with filling in the Drinking Check

- At phase 1, we asked participants to confirm they had completed the Drinking Check before proceeding with the survey. If not, they were encouraged to go back and fill it in before answering the survey questions.
- Completion data from the Drinkaware website **at phase 1** suggested slightly more people (~20) completed the Drinking Check than filled in the survey – perhaps the result of people going back to re-do the Drinking Check.
- However, comparison of the number of Drinking Check completions on the Drinkaware website and survey data **at phase 2** suggested that only 53% completed the Drinking Check (i.e. 257 Drinking Check completions and 488 survey completes).
- A question was added late in the phase 2 fieldwork period to ask people why they did not fill in the Drinking Check again at phase 2. Only 7 people answered it, but the most common response was that they were not expecting to see a change in their risk level, followed by it not being the right time of year to make a change
- There were only approximately 4-6 weeks between participants completing each phase so it would not be surprising if some people felt their risk level would not have changed much and, therefore, did not feel the need to do the Drinking Check again.
- In addition, phase 2 took place during the first two weeks of December, when people might have been socialising more. Changes to their alcohol consumption might, therefore, have been less likely than at another time of the year.

Introduction and methods

Other methodological considerations

- It is also worth noting that as participants did not seek out the Drinking Check of their own accord (instead they were directed to it by the research), their motivations and responses may differ from those who do.
- As was mentioned earlier, we did not have access to the Drinking Check data so cannot identify who did and did not complete the Drinking Check at phase 2. Therefore, we cannot make any conclusions regarding any extra impact of completing the Drinking Check at phase 2.
- We also want to draw the reader's attention to the difference in risk profile (based on consumption) between the samples at phase 1 and 2 of people who filled in the Drinking Check for themselves, as shown on slide 11. At phase 2 there were fewer at increasing risk (45% compared to 76% at phase 1) and more at low risk (44% compared to 10% at phase 1). However, the proportion at high risk was similar (11% at phase 2 compared to 14% at phase 1).
- This reduction in those at increasing risk and increase in those at low risk, appears to be driven by a decrease in alcohol consumption at phase 2. The data shows that 63% had reduced their drinking at phase 2 (see slide 45).
- Analysis of the profile of returning participants indicates a similar proportion of those at low, increasing and high risk (based on consumption) at phase 1 returned to complete the phase 2 research. This suggests the above result is not driven by people at lower risk at phase 1 being more likely to participate at phase 2.

Analysis note

Drawing conclusions about sub-group differences

Amongst those who filled in the Drinking Check *for themselves*, age and region appear to have the strongest impact on responses, followed by risk level (based on consumption) and gender. But it is difficult to identify clear, consistent patterns between different groups with the current analysis, which doesn't take into account any interaction between variables.

For example:

- Intention (at phase 1) to take action/ make a change tended to be higher amongst 18–24-year-olds and 25–34-year-olds compared to those aged 45+.
- Intention (at phase 1) to take action/ make a change was higher in London and the Northeast of England.
- However, the **age profile differed across regions**, e.g. there were significantly more 18–24-year-olds and 25–34-year-olds in London than several of the other regions within England.

In this example, we cannot conclude whether age or region (or another variable(s)) are responsible for the differences, **although age seems a likely explanation.**

This is a complex dataset with a large number of questions, two timepoints, multiple demographic variables and two groups with different reasons for filling in the Drinking Check. In addition, there are differences in the age profile at each phase (i.e. fewer 18–34-year-olds and more 45–64-year-olds at phase 2 compared to phase 1).

We feel that more detailed statistical analysis, such as multi-level regression would be needed to explore any sub-group variations.

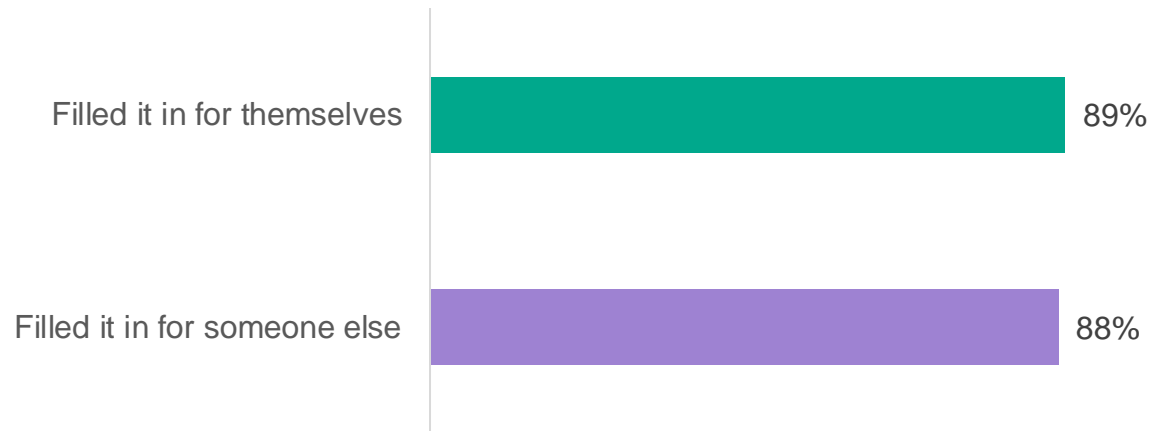
Using the Drinking Check



Context

At phase 1 of the research, most people were new to the Drinking Check

9 out of 10 people had not filled in the Drinking Check (or a similar online quiz) in the past 6 months



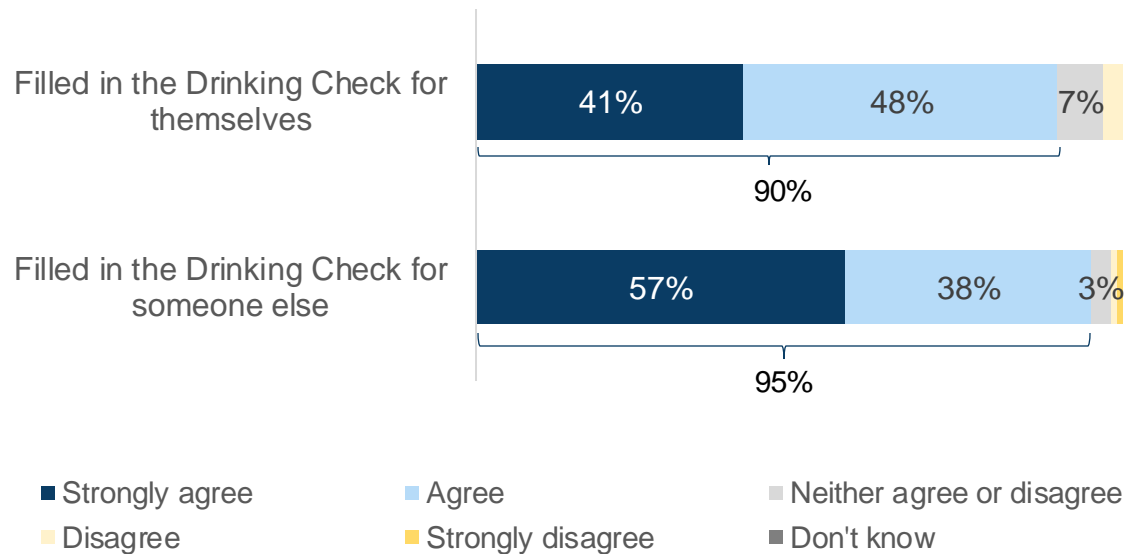
Base: all phase 1 participants (n=939)

Amongst those who filled in the Drinking Check **for themselves**, more of those aged 35+ (93%) had not done the Drinking Check or a similar quiz compared to those aged 18-34 (80%).

Context

Most people agreed it is important for people to know their risk level

Slightly more of those who filled in the Drinking Check for someone else agreed it's important for people to know their risk level



Base: all phase 1 participants (n=939)

"I think, you can never look at these things too much. Because even if you're not necessarily in that place, where it's bad, I think it's good to still know that it exists and it's there."

Male, 35-45 years (East Midlands)

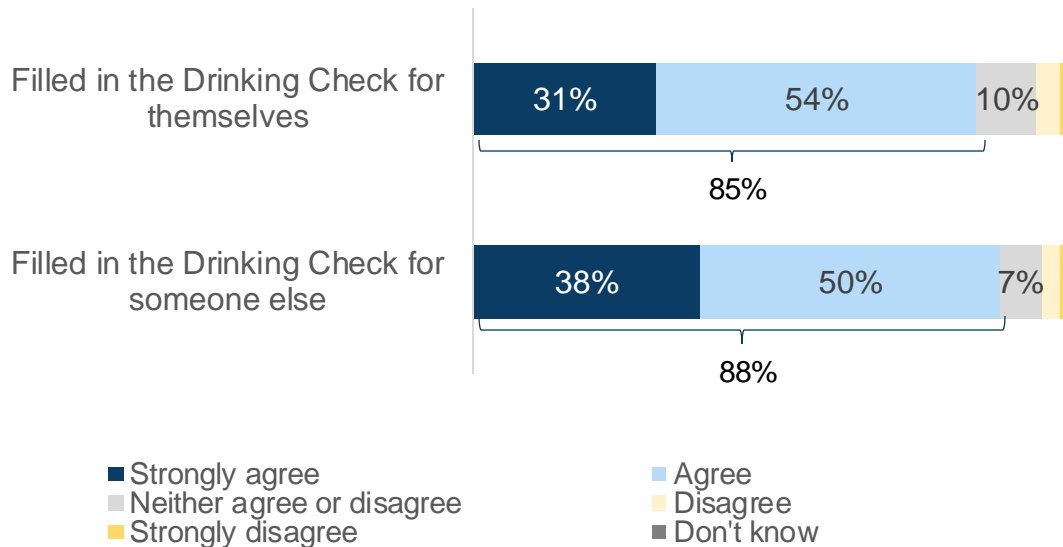
"Overall, I think it's quite informative because it gives you quite a lot of options in terms of how often you drink, what percentage of alcohol – and some people aren't aware of how much alcohol percentage is within their drink and how many units that may be. So, just getting that information is very useful for someone who goes out a lot."

Male, 18-24 years (London)

Context

And more than 8 out of 10 felt that online tools such as the Drinking Check are useful

Most people agreed the Drinking Check is a useful tool for judging risk level, irrespective of who they completed it for



Base: all phase 1 participants (n=939)

Amongst those who filled in the Drinking Check **for themselves**, more women (90% v 83% of men) agreed about the usefulness of the Drinking Check.

"...if we went back to, I don't know, the 80s, you would have to find an AA group, and go and get help, and go to your GP, wouldn't you? ...this is exactly what the internet's designed for, this really, in your own home, being able to access stuff like this. It's life changing when used properly."

Female, 45-54 years (NW England)

"I think it's important to have a confidential and private way that people can do this in their own time. It's good for people to have the sort of relaxed ways of going about these because sometimes you might just want to sort of check in on your drinking, but it not really be a doctor's issue"

Non-binary, 18-24 years (NE England)

Context

Online tools such as the Drinking Check are seen as offering something different to a GP consultation

- Participants said that it is beneficial to have a confidential tool that is accessible to anyone who wants to check how much they are drinking. It is a more informal approach and no one else needs to know you are doing it.
- Many said they might not necessarily see their GP if they felt they were drinking too much; it can be hard to get an appointment and they might be fearful of wasting time. They might also worry about judgement or disapproval in relation to their behaviour, leading to them feeling the need to under-report their drinking. By comparison, it is easier to be honest with the Drinking Check if you are not accountable to someone else.
- However, participants felt that a GP or healthcare professional can offer tailored advice, signposting and follow-up if needed and it can be beneficial to have a face-to-face discussion with someone else.
- The evidence suggests there is space for both approaches. Different people will have their own preference according to their circumstances and personal characteristics.

“I suppose there is something about people choosing what they believe, don't they? And if people will only believe it when their doctor has told them, then those people are only going to believe that. But I think there's a privacy angle to it as well. A lot of people feel shame and concern and you're the only person who knows it. You're not having to discuss it with anybody. I suppose you haven't got the dialogue; you haven't got somebody then challenging you. But I think it's probably easier to be honest on the online quiz than it is when your GP asks you.”

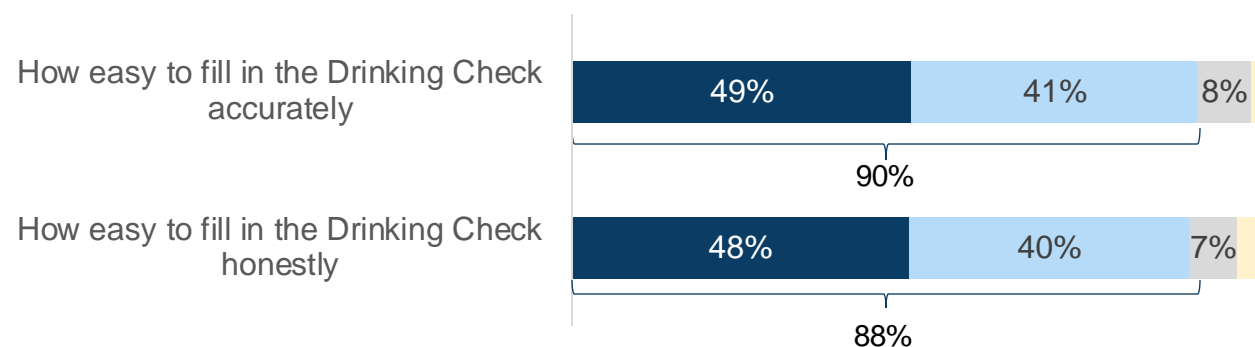
Female, 35-44 years (London)

“It's much easier doing it online because it's less judgmental, you can be much more honest, I think...On the other hand, I think, if you are honest with them [i.e. GP], you've got much more direct access to help should you need it and I would imagine that following a discussion where they believe you're at risk they would do something whilst you're sat there, or they'd do tests whilst you're sat there.”

Male, 45-54 years (NE England)

Answering the questions

9 out of 10 people said they found it easy to complete the Drinking Check accurately and honestly



■ Very easy ■ Easy ■ Neither easy or difficult ■ Difficult ■ Very difficult ■ Don't know

Base: all phase 1 participants (n=939)

Beyond the points mentioned earlier about it being tricky to calculate units per week, no issues were mentioned in terms of being able to calculate someone else's units per week. This may be because if someone has observed a friend or family member's behaviour and suspected they were drinking too much, they were not too worried about being accurate.

- No difference by who people filled the Drinking Check in for with how easy they thought it was to fill in *accurately*
- Amongst those who filled in the Drinking Check **for themselves**, more at **increasing risk** (92%) agreed compared with those at **high risk** (85%) (by consumption)
- Amongst those who filled in the Drinking Check **for someone else**, more aged 35-54 years agreed (94%) compared to 85% of 18–34-year-olds.

- More of those who filled in the Drinking Check **for themselves** agreed (91% v 84% of those who filled it in for someone else) it was easy to fill in *honestly*
- Amongst those who filled in the Drinking Check **for themselves**, more at **low (14 units)** (97%) and **increasing risk** (92%) agreed compared with those at high risk (81%) (by consumption).

Answering the questions

However, the qualitative evidence suggested there were some issues with answering honestly and accurately

Being honest about how much they are drinking:

- Some participants recognised the accuracy of the result depends on giving honest answers to the questions. One said it is easy to lie to the Drinking Check since there is no one to challenge your answers. This contrasts with other individuals (see slide 20) who said it's easier to be honest with a tool because you don't have to worry about being judged by a healthcare professional. Data on the previous slide shows that fewer of those at high risk found it easy to be honest compared to those with low (14 units) and increasing risk (by consumption) showing that people perceive the Drinking Check in different ways.
- Similarly, not knowing what her result was going to be made one woman more cautious in judging how many units she drinks. She was afraid her score would come out higher and would make her feel she should change her behaviour.

Calculating units per week accurately:

- %ABV in beers and wines varies which affects the number of units in a pint or glass so some were unsure how many units were in their preferred standard drink.
- There was only limited information about the number of units in drinks on the Drinking Check pages; one male said he drinks a bottle of wine per day but was unsure how many units this was.
- People often don't keep track of what they are consuming on a drinking occasion (e.g. it's possible to count how many bottles of beer you drink at home but harder if someone is topping up your glass of wine) so there is an element of guess work.
- All of this can undermine, in some people's eyes, their risk level.

"I was a little bit squeaky with the truth if I'm really honest but the result that came out did surprise me. I think I was a 4 and I was okay...a little bit apprehensive to think that the survey might tell me something that I maybe didn't want to know, if that makes sense."

Female, 55-64 years (East England)

"I drink pints of lager and it didn't have that on [the drop-down menu]...A lot of people don't even know what percentage is of the alcohol. I think Tennant's is 4% and then the other ones are 5, 6, 7%, so again, how reliable are these figures?...It was a bit confusing, so you had to guess a bit, which takes away the reliability of the answer"

Male, 45-54 years (Scotland)

Answering the questions

In addition, there was some confusion about how to answer questions about frequency and amount of drinking. These issues led to some people questioning the risk level

Alcohol use disorders identification test (AUDIT)

AUDIT is a comprehensive 10 question alcohol harm screening tool. It was developed by the World Health Organisation (WHO) and modified for use in the UK and has been used in a variety of health and social care settings.

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 times or more per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

One male said he drinks more than 8 units in a single occasion 3 weeks out of every four and wasn't sure whether to answer 'monthly' or 'weekly'

One women questioned what you would answer if you were drinking more than 6 units on 3 days a week; would it be 'daily' or 'weekly'?

"I think it's a very good tool, but I just think it could be more accurate if some [response options] were more realistic. I know straight away that I'm not having it weekly, so I'm sort of saying that the figure at the end is going to be wrong, because I've not done it and it's not a true reflection of what my lifestyle is. So, it takes away the belief that it's actually accurate at the end of it."

Male, 45-54 years (Scotland)

"It asks how many days someone drinks, then how many units on average e.g. can put x number of days and x units but it might vary so the result looks worse. For example someone might drink 18 units on a Friday but only 3 or 4 on Saturday and 2 on Sunday. If I put 10+ units on average each session it results in a skewed result of 30 per week when it's only 23/24 per week. Should it, say, average it out then add binge sessions separately?"

Female, 45-54 years (NE England) (filled it in for someone else)

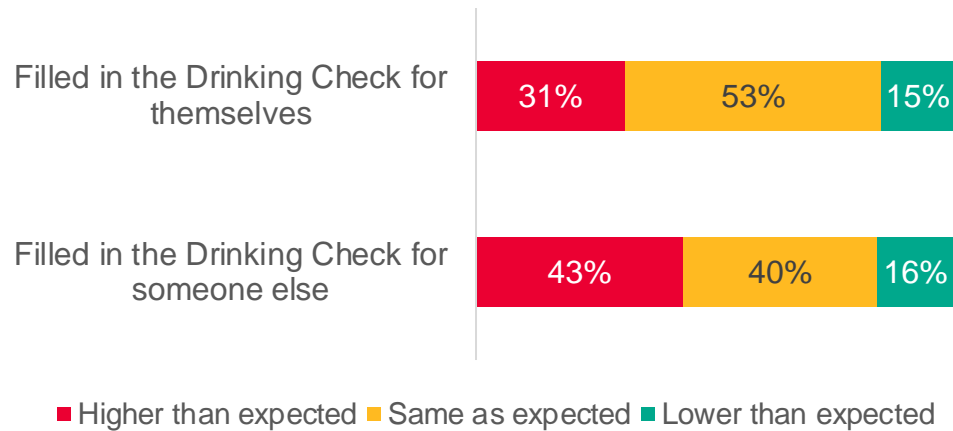
Reaction to the risk level



Reaction to the risk level

Half of people had an accurate perception of their own risk level; however, a third had underestimated, saying their risk was higher than they had expected

In addition, 2 in 5 of those who filled in the Drinking Check for someone else said the risk level was higher than they were expecting



Base: all phase 1 participants (n=939)

There were significant differences by who people filled the Drinking Check in for with the proportion who said the risk level was *higher* and *same* as expected.

Amongst those who filled in the Drinking Check for themselves, age had an influence:

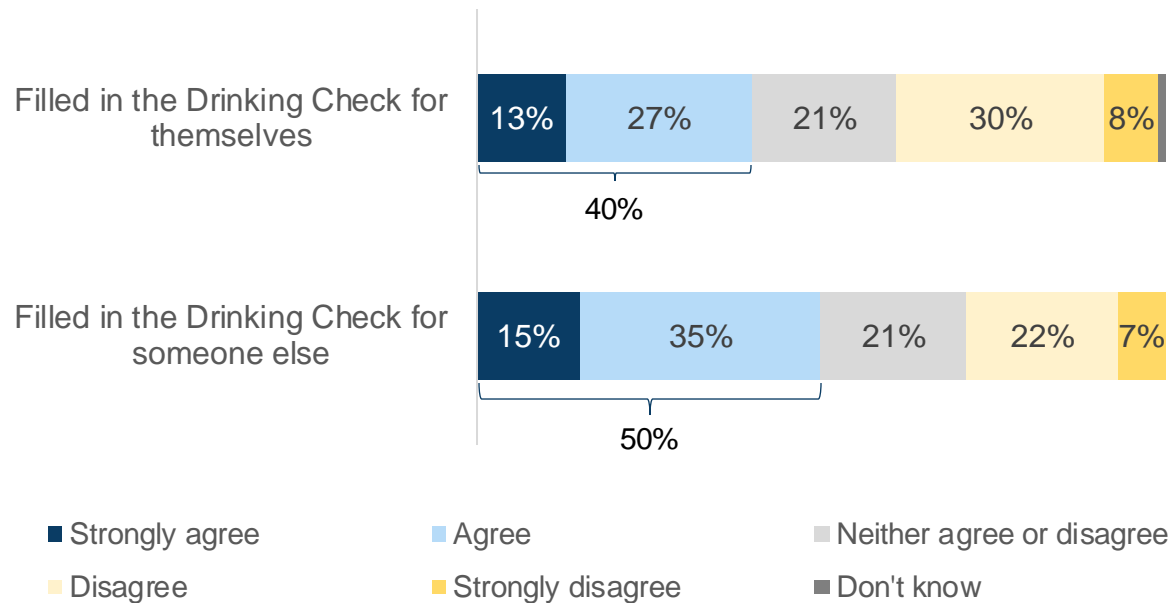
- More aged 35+ said their risk level was the **same** as expected (56-63% compared to 39% of 18–34-year-olds)
- More 55+ year-olds said their risk level was **lower** than expected (23% compared to 18-34- and 35–54-year-olds (11% and 12%, respectively)
- More 18–34-year-olds said their risk level was **higher** than expected (49% compared to 35–54- and 55+ year-olds (31% and 14%, respectively).

- Amongst those who filled in the Drinking Check **for someone else**, more women said the risk level was the **same** as expected (45% v 32% of men)
- More of those aged 35-54 years said it was the **same** as expected (45%) compared to 18–34-year-olds (32%).

Reaction to the risk level

More people who filled in the Drinking Check for someone else were surprised at the result, compared to those who filled it in for themselves

Extent to which people agreed or disagreed they were surprised at the result



Base: all phase 1 participants (n=939)

Amongst those who filled in the Drinking Check for themselves, age was a factor, with more 18–34-year-olds (55%) being surprised compared to 35-54- (37%) and 55+ (30%) year olds.

Some people felt reassured by the result:

"I felt reassured and like, 'I'm not an idiot, I'm not a nag, I'm not too over the top about this, I am right, because I know I'm right'."

Female, 45-54 years (filled in the Drinking Check for someone else)

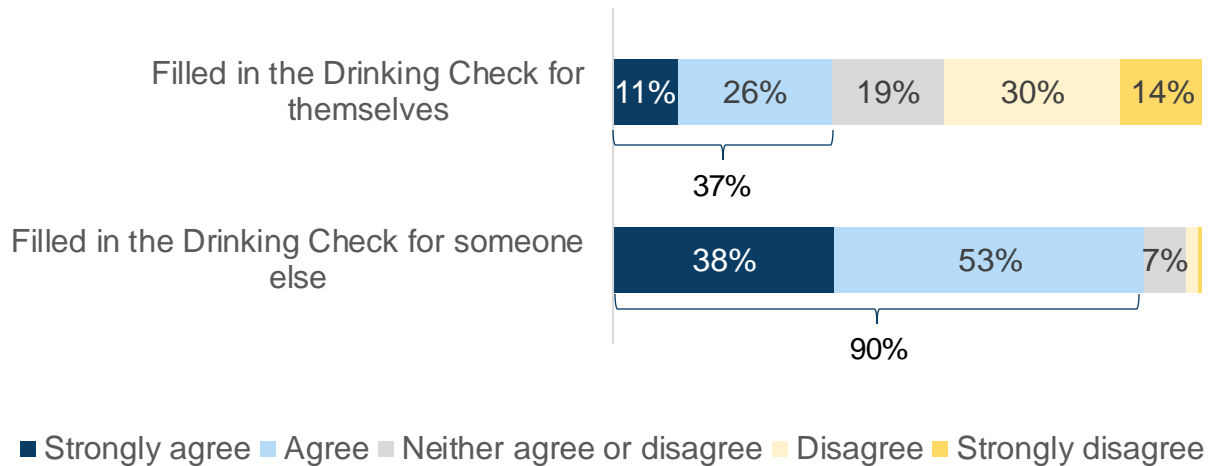
"...I was apprehensive, is probably the best word...to think that the survey might well tell me something that I maybe didn't want to know, if that makes sense...after I'd taken the survey, yes, I was reassured, I was surprisingly reassured by the result"

Female, 55-64 years (East England)

Levels of concern

People at high risk were more concerned about the amount of alcohol they drink than those at increasing or low risk (14 units) (by consumption). A third overall did not report being concerned about the amount they drink

Extent to which people were concerned about the amount they or someone else drinks



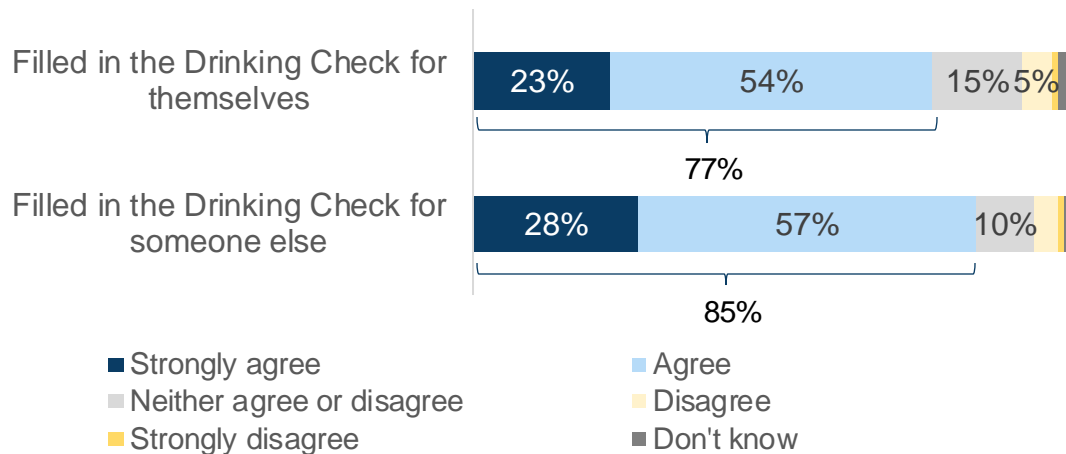
Base: all phase 1 participants (n=939)

- Significantly more people who filled in the Drinking Check **for someone else** were concerned (90%) compared to those who filled it in for themselves (37%)
- Amongst those who filled in the Drinking Check **for themselves**, more at high risk (by consumption) were concerned about the amount they drink; high risk = 66%, increasing risk = 33%, low risk (14 units) = 20%
- In addition, those aged 18-34 were more concerned (49%) than those aged 35-54 (38%) and 55+ (20%).

Reaction to the risk level

More than three quarters perceived the risk level to accurately reflect risk and trusted the information and advice shown about the risk level

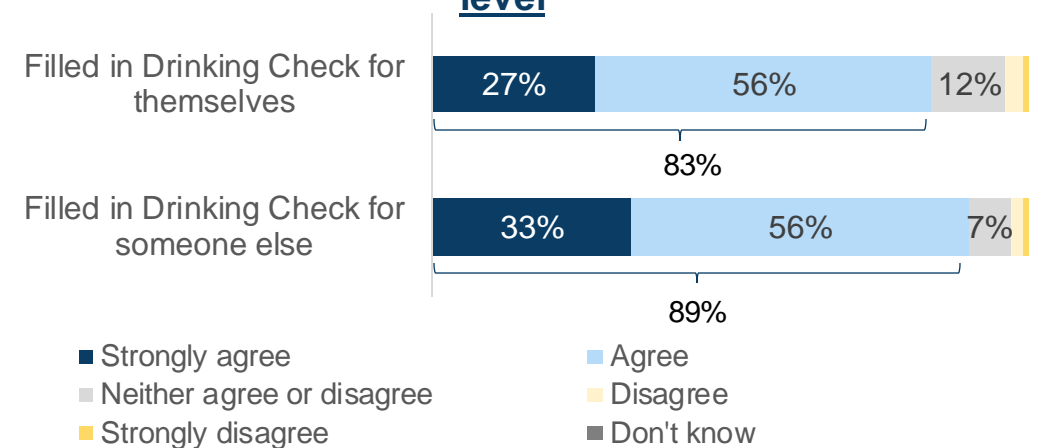
Significantly more people who filled in the Drinking Check for someone else believed the result accurately reflects risk



Base: all phase 1 participants (n=939)

- Amongst those who filled in the Drinking Check for **themselves**, perception of accuracy was higher amongst **women** (82% v 75% of men)
- Amongst those who filled it in for **someone else**, more 35–44-year-olds (90%) agreed compared to 18–34-year-olds (80%).

Significantly more people who filled in the Drinking Check for someone else trusted the information and advice shown about the risk level

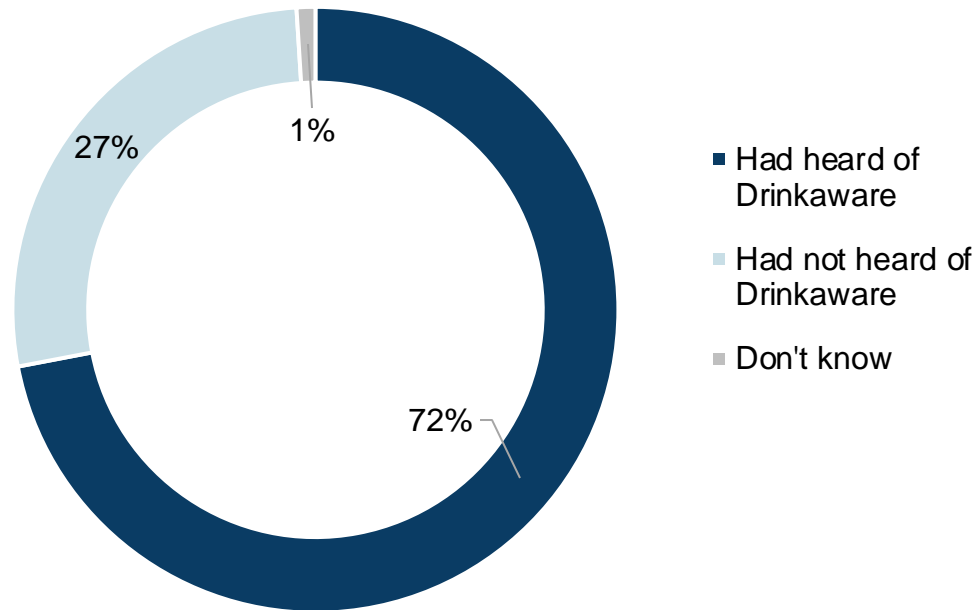


Base: all phase 1 participants (n=939)

- Amongst those who filled in the Drinking Check for **themselves**, trust was higher amongst those at low risk (14 units) (94% v 81% of those at increasing risk) (by consumption)
- Amongst those who filled it in for **someone else**, more 35–44-year-olds (95%) agreed compared to 18–34-year-olds (83%).

Awareness of Drinkaware

Almost three quarters of people had heard about Drinkaware before taking part in the research



Base: all phase 1 participants (n=939)

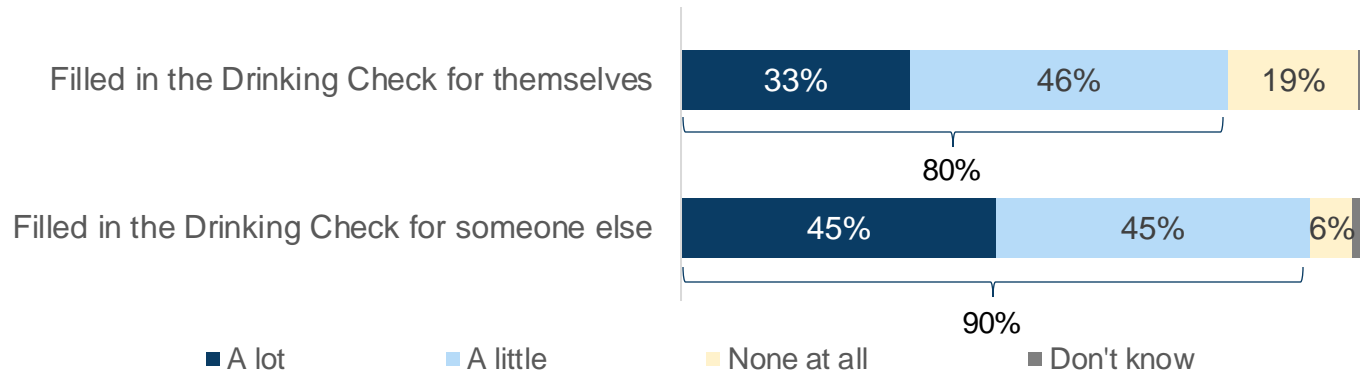
More of those who filled in the Drinking Check for themselves (75%) had **heard of Drinkaware** than those who had filled it in for someone else (66%).

The interviews suggested that people who had heard of Drinkaware did not necessarily know much about the organisation beyond having seen the logo on, for example, a wine bottle, in the supermarket or in a pub.

Role of the Drinkaware brand

Most people said the Drinkaware brand made a difference to how much they trusted the information and advice shown

Significantly more people who filled in the Drinking Check for someone else said the Drinkaware brand made a difference to how much they trusted the information and advice shown



Base: all phase 1 participants (n=939)

"The fact it was an organisation that's a charity, I believe that has got credentials in drink awareness really made me think, well actually they know what they're talking about."

Male, 45-55 years (NE England)

Amongst those who filled in the Drinking Check for themselves, the Drinkaware brand made more of a difference to **women** (85% v 76% of men) and **18-34-year-olds** (92%) compared to 35-54- (79%) and 55+ (68%) year-olds.

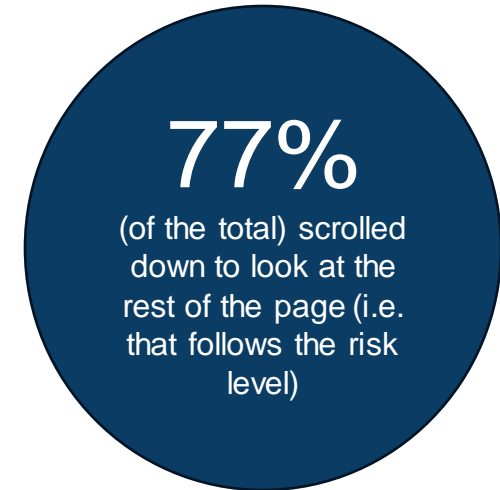
There were no differences in responses to this question by whether people had heard of Drinkaware or not.

"[Drinkaware] is synonymous with helping people to be aware of their alcohol consumption, it's probably more credible because it's on their website... I know it's a serious subject, but it's laid out in a nice way, it's just user friendly."

Female, 55-64 years (East England)

Engagement with information and advice

Almost all read the information about the risk level; three quarters scrolled down the page



Base: all phase 1 participants (n=939)

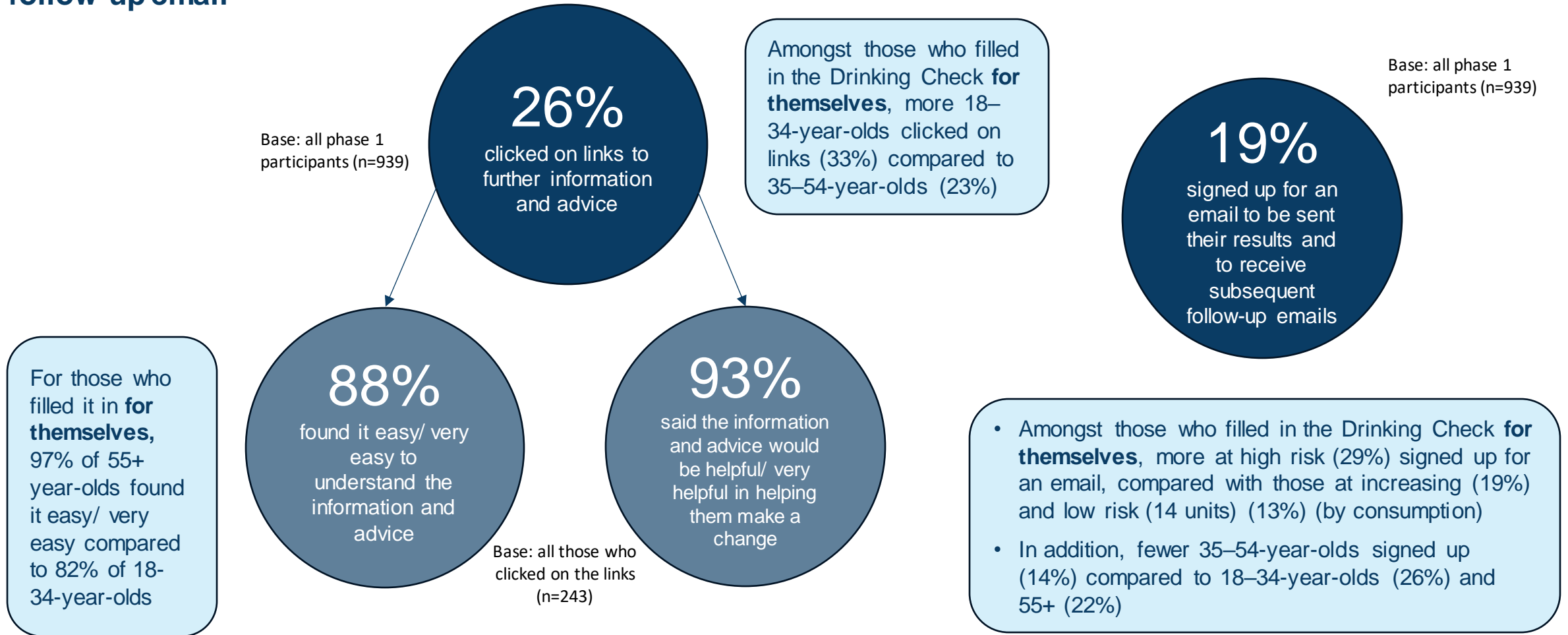
"To be honest, I thought it was very well put together. It was short. It didn't overload you with too much information. It gave you a clear answer very quickly. It was done in a very private and confidential way. Aesthetically, it looks nice, and the information was very clear. No, it was all very well put together."

Nonbinary individual, 18-24 years (NE England)

- More of those who filled in the Drinking Check **for themselves** scrolled down (80% v 71% of those who filled it in for **someone else**)
- Amongst those who filled in the Drinking Check **for themselves**, fewer 18–34-year-olds scrolled down (74%) compared to people aged 55+ (86%), as did more at high risk (89% compared to 79% at increasing and 77% at low risk (14 units)) (by consumption).

Engagement with information and advice

However, only a quarter clicked on links to further information and advice and one in five signed up for a follow-up email



Engagement with information and advice

A common suggestion was wanting more, or different, information following the risk level

- This included information about the benefits of reducing drinking, the reasons why people drink, what the health implications are of sustained heavy drinking and where to get help. There was also a request for case studies of people who have managed to give up or cut down their drinking to serve as inspiration and provide practical tips.
- The above information could be presented in the form of short videos and have more interactive graphics to make this part of the website more engaging and easier to understand.
- Some of this information is already available on the website, but people may not have seen it.

"...something to help you, like, make a plan or take steps to reduce-, I don't know if they have, like, an app or anything, but somewhere maybe you can log what you're drinking each day, like a diary or something. And then at the end of the first week, it could make suggestions as to where you drank too much, how you could cut back, what you could do differently, that sort of thing."

Female, 25-34 years (SE England)

"Hear some stories from real people who have reduced their intake and its impact"

Female, 45-54 years (SE England)

"... I think contextualising it better with people's real experiences, instead of using dry medical numbers."

Male, 35-44 years (W Midlands)

"... I think it could add better signalling to guide you to the bottom of the page where there is more information that could be missed otherwise"

Male, 35-44 years (London)

"Make the quiz more about what happens when you reduce alcohol intake per week, per month, etc"

Male, 35-44 years (SE England)

Reaction to the risk level

For some, the risk level did not appear to have convinced them of the need to take stock of their behaviour

As mentioned earlier, some people questioned the accuracy of the risk level because of their difficulties with calculating the number of units they drink per week or with answering some of the AUDIT questions. There were ways in which other participants questioned the risk level, perhaps as a sign they were not ready to consider taking any action regarding their drinking:

- Some asked whether alcohol consumption should be placed in context i.e. people conceded that it might be high but if they do not smoke and regularly exercise then this should be less of a problem. Also, some questioned whether an individual's height and weight should be taken into account, due to a belief that taller or heavier people can drink more without getting drunk.
- Some people mentioned having health checks (e.g. liver function tests for a health condition) and that any problem with their health would have shown up in their test results. They said this would be more likely to prompt change than their risk level as the evidence there that something is wrong with them would be more compelling.

“People’s drinking habits vary from week to week, so the test needs to reflect that. Also, the results are needlessly alarmist, my drinking was decided as increasing risk. It clearly isn’t and my doctors agree, so it makes the site untrustworthy when unrealistic results are displayed.”

Male, 55-64 years (E England)

“Takes no account of health. I take plenty of exercise, drink plenty of water and don't smoke but DO drink more than recommended but my health is fine as borne out by a recent health check”

Male, 65-74 years (Scotland)

Reaction to the risk level

For some, the risk level did not appear to have convinced them of the need to take stock of their behaviour (contd.)

- There was also a feeling the Drinking Check asks about a typical week, but that people vary their drinking patterns week on week (e.g. drinking more on holiday or weekends, with friends) which led to questions about how this affected the accuracy of their result.
- There was acknowledgment that binge drinking is not good but a belief that moderate drinking most days per week is acceptable.

“It is rather confusing, or perhaps I didn’t use it as intended. On one hand it says that my friend’s 10 units/week (about 5 pints) puts him at high risk. But on the other hand, it recommends less than 14 units/week.”

Male, 45-54 years (London), (filled it in for someone else)

“It is very facile! It needs to look at the whole drinking picture. It concentrates almost entirely on drunken behaviour. I, for example, drink only weakish ale (3.4%) in pubs only, on 3 or 4 days in a week. I never have more than 5 and am never noticeably intoxicated... I discussed this with my GP many years ago and agreed that the social/mental benefits far outweigh the tiny disbenefits of limited drinking like mine. The whole tone of the site is sanctimonious and pious...”

Male, 65-74 years (E Midlands)

“The questions on how much you drink in a week are a little flawed as it assumes that this is a regular repeated activity, this is the same approach as medical professionals take. However, in my experience with my partner and many friends we do not drink in this way. For example, I may go many days without a drink but when I do have a drink whether it be a night out or friend’s home this could be many units but not repeated for several days. Equally I may not have a drink at all in a busy week, but a holiday week could be every day, better to assess all this over a calendar month...”

Female, 45-54 years (NE England)

Process case study

People might not engage in information or advice if they are not ready to, or do not perceive a need to change their behaviour

- Fiona said she likes drinking and is not interested in cutting down. She feels in control of her drinking, for example, only drinking at weekends and never getting drunk. In addition, she has regular blood tests for a health condition which show her liver function is normal, so she feels this is a sign that everything is under control.
- She admitted that she was not honest in her responses to the Drinking Check and did not look at any of the information and advice. She felt she would be told she is drinking too much, even though she feels many people drink a similar amount. Her perception was that it would be ‘hectoring’ in tone and unrealistic about what is acceptable to drink.
- The tone of any advice would have to be gentle and non-judgmental for her to engage; otherwise, she would feel like she was being ‘told off’.



“The thing is I’m quite content with how things are. I enjoy drinking, I like drinking, I do not drink to get drunk, I drink what I drink because I enjoy it. I’m happy with the amount that I drink. I know that I don’t have a problem with alcohol...”

“I don’t do this, but I’m sure we all know it’s mainly men that go to the pub and will regularly have 5 or 6 pints in an evening, maybe playing darts or chatting. And I mean they might go maybe 3 times a week, or possibly 4 times a week. So according to the Drinkaware website, it would probably say you should be dead.”

Female, 55-64 years (East England)

Process case study

People may only look at information or advice if they perceive a need to change their behaviour

- Aleks is currently studying at university and was really positive about the Drinking Check. They liked the look and feel, the layout and content and said it was easy to be honest in their answers and to get a genuine assessment of their drinking.
- They weren't surprised at the result saying they were low risk. Aleks is very aware of how they feel in response to alcohol and keeps a mental tally of alcohol consumption. They felt this approach to monitoring their drinking is more compelling than the Drinking Check as it is tailored to them as an individual. As it is aimed at the general population, the Drinking Check felt less nuanced.
- Although their risk level was what they were expecting, it was reassuring to see it corresponded with how they felt. They had little interest in looking at any further information or advice but said it would be good to have more information for people who are concerned about a family member or friend who might be drinking too much.

“A quiz has to ask generalised questions to where it can apply to the most amount of people possible and give the most relevant information to the most amount of people in the shortest amount of time. Through experience I know my own body and know how it reacts and what sort of feelings and stuff mean so I can keep a better tally.”

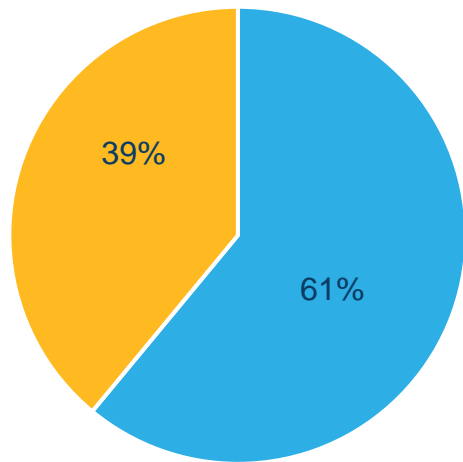
Nonbinary individual, 18-24 years (NE England)



Engagement with information and advice

Almost two thirds who had signed up for emails had read at least one between phase 1 and 2; the majority in this group said the emails were helpful

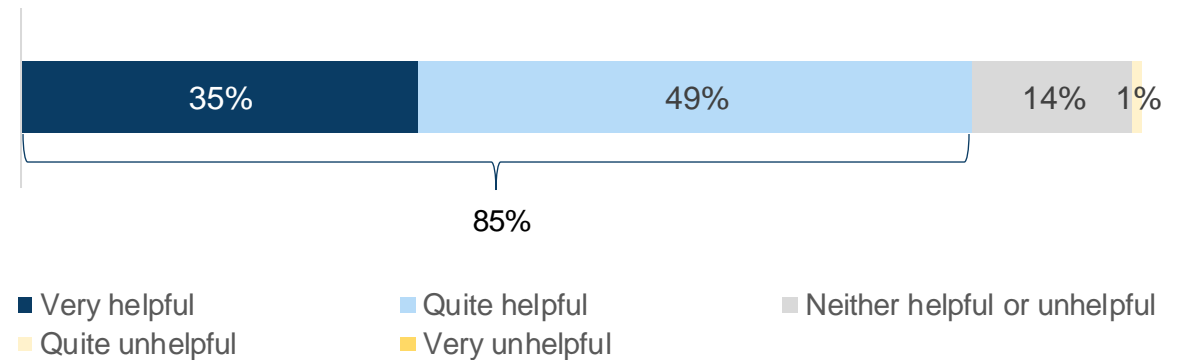
% that had signed up for follow-up emails and...



- ...had read at least one of the emails they should have received at the time of phase 2 research
- ...had not read either of the two emails they should have received at the time of phase 2 research

Base: phase 2 participants who signed up for emails (n=129)

How helpful the emails were

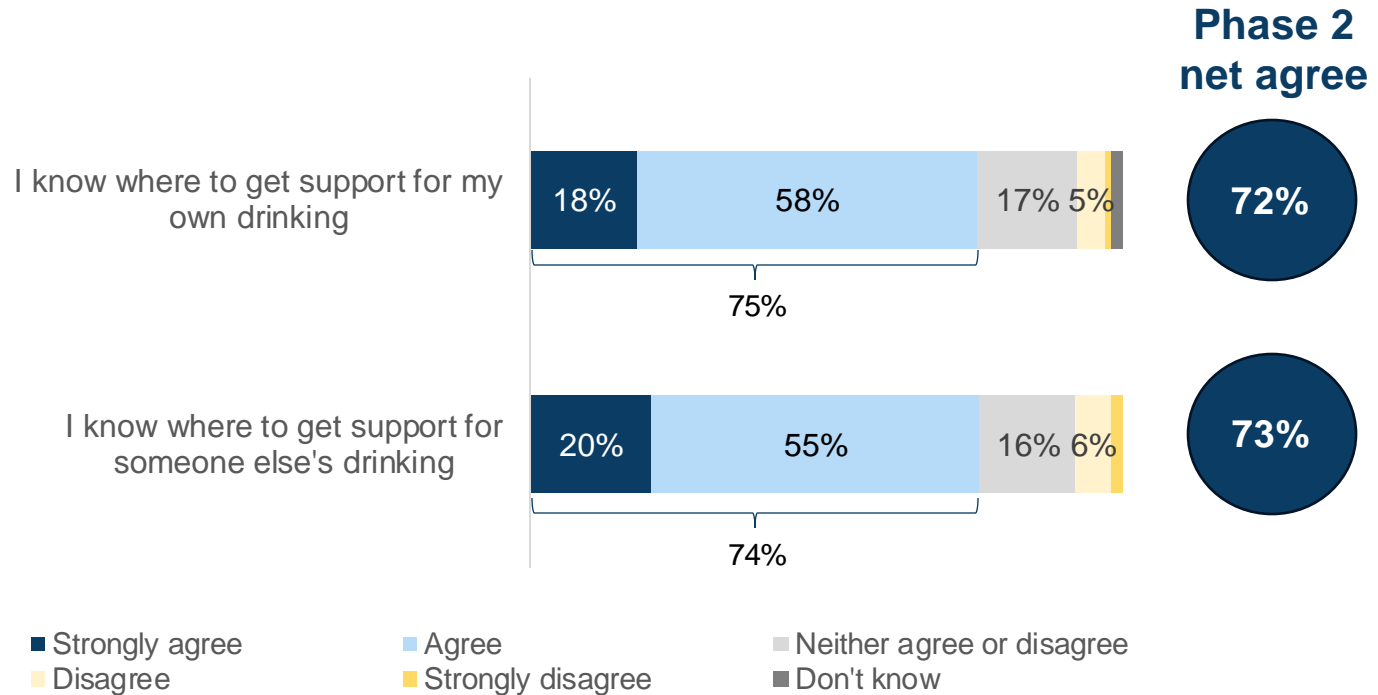


Base: phase 2 participants who signed up for emails and had read at least one (n=79)

Amongst those who filled in the Drinking Check **for themselves**, more 18–34-year-olds found the emails helpful (26%) compared to 35–54-year-olds (9%) and 55+ (10%).

Accessing help and support

At phase 1, three quarters of people said they know where to go to get support for their own, or someone else's drinking. This was almost identical at phase 2.



Base: all phase 1 participants (n=939)

Base: all phase 2 participants (n=488)

In the 2022 Drinkaware Monitor, **74% of people drinking 15+ units a week** felt confident they would know how to access help and advice if they or someone close to them was experiencing problems with alcohol use.



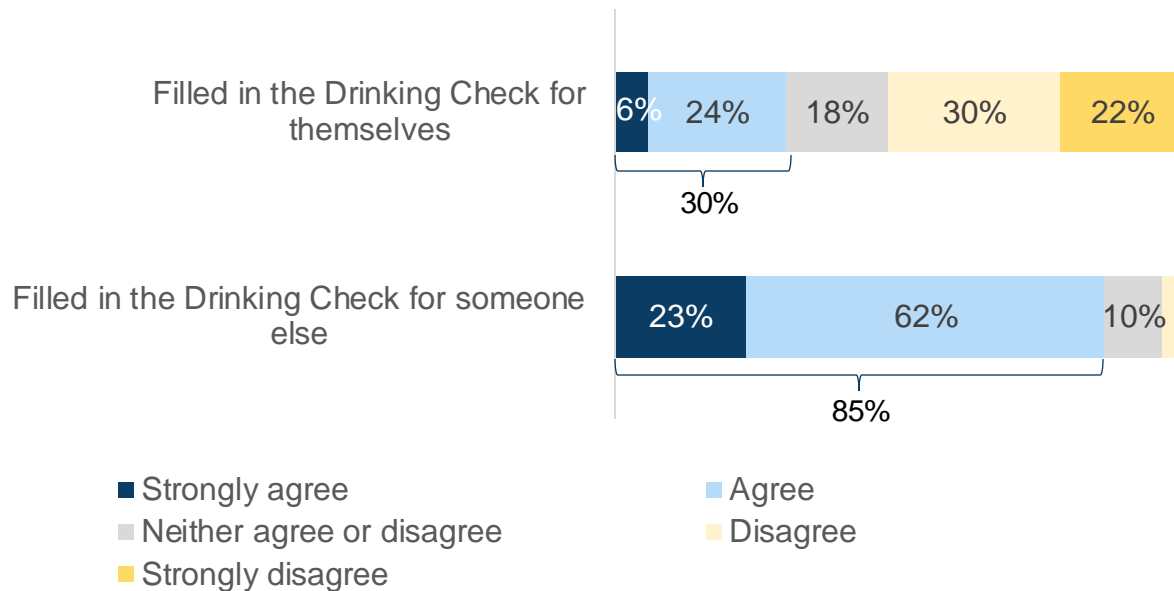
Impact of doing the Drinking Check



Changes in levels of concern

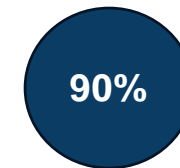
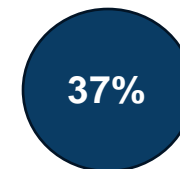
Levels of concern were similar at phase 2 to what they were at phase 1

How concerned people were about the amount they or someone else drinks (Phase 2)



Base: all phase 2 participants (n=488)

Phase 1 net agree (slide 27)



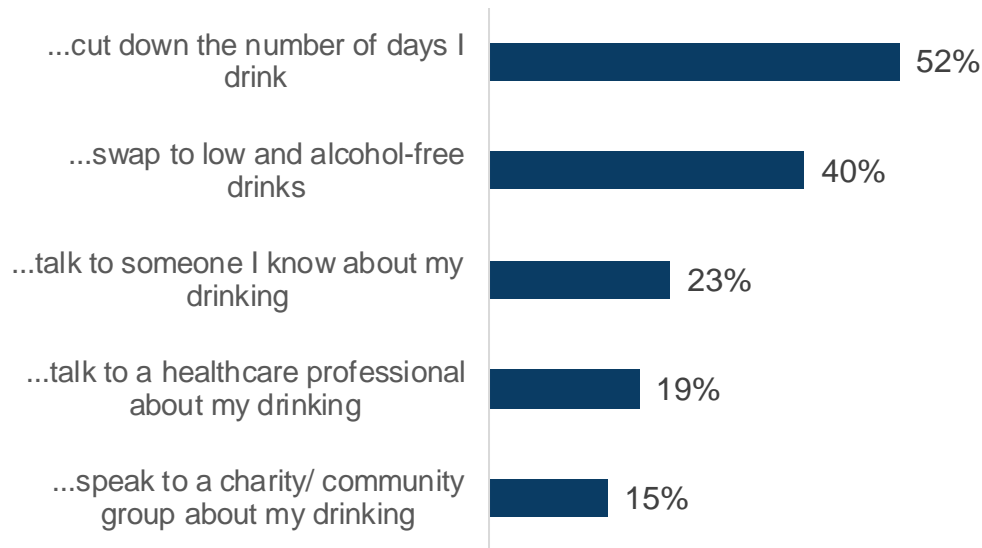
Base: all phase 1 participants (n=939)

- Significantly more of those who filled in the Drinking Check **for someone else** (85%) were concerned compared to those who filled it in for themselves (30%)
- Amongst those who filled in the Drinking Check **for themselves** more of those at high risk were concerned: high risk = 48%, increasing risk = 27%, low risk (14 units) = 26% (by consumption at phase 1)
- In addition, there were differences by age group (i.e. amongst those who filled in the Drinking Check **for themselves**) with 44% of those aged 18-34 saying they were concerned compared to 23% of those aged 55+.

What people did after they filled in the Drinking Check for themselves

At phase 2, half of participants reported taking one action or changing at least one behaviour related to their drinking

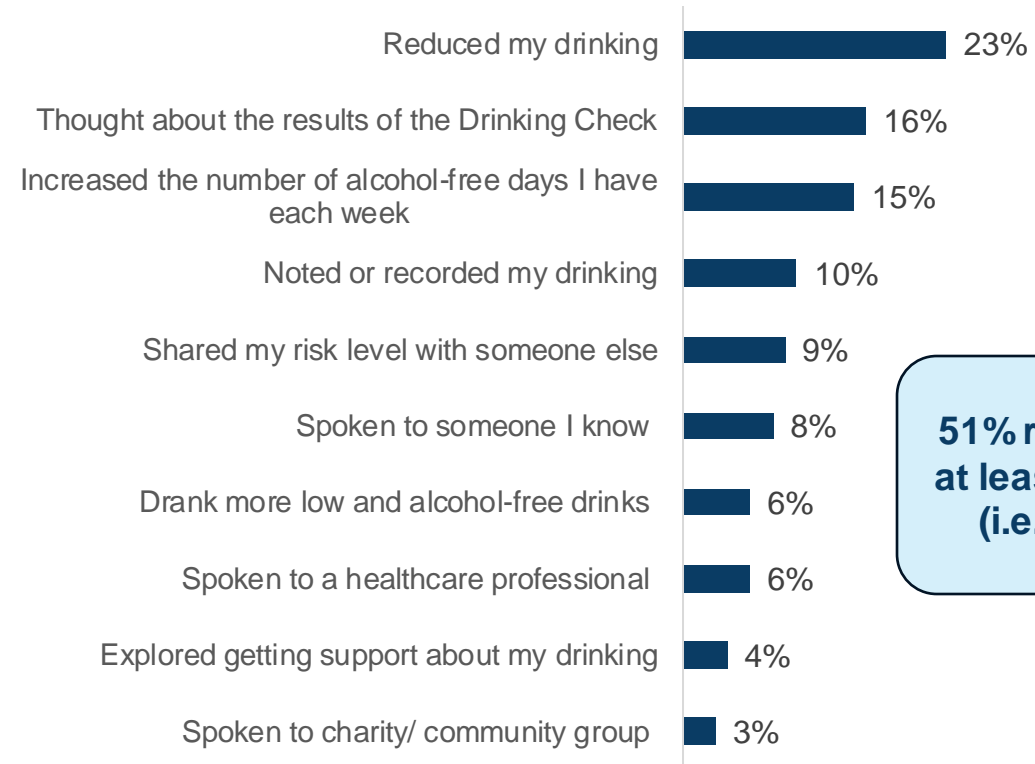
Phase 1, intention to...



Base: phase 1 participants who filled in the Drinking Check for themselves (n=627)

61% stated at least one intention at phase 1

Reported doing since phase 1



51% reported doing at least one of these (i.e. at phase 2)

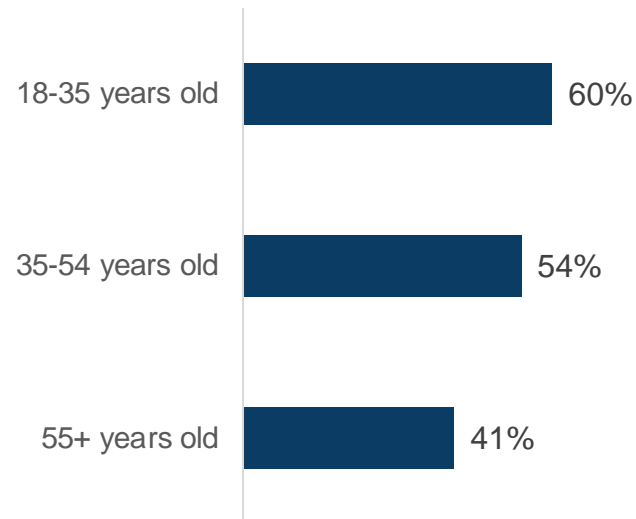
Base: phase 2 participants who filled in the Drinking Check for themselves (n=358)

What people did after they filled in the Drinking Check for themselves

More women, people under 45 years and those at high risk reported taking one action or changing at least one behaviour

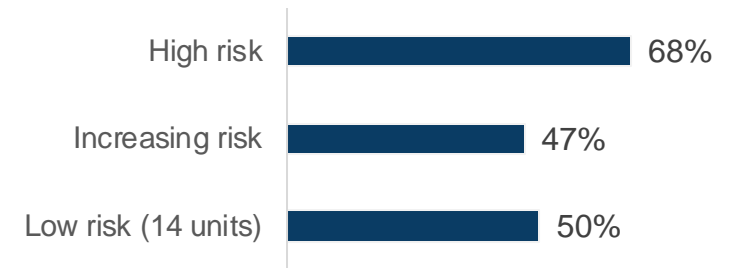
- 25% (of the whole sample at phase 2) reported doing two or more behaviours related to their drinking
- 19% (of those who filled in the Drinking Check for themselves) reported carrying out at least one action related to *sharing or talking* about their drinking

% who reported carrying out at least one action since phase 1



Base: phase 2 participants who filled in the Drinking Check for themselves (n=358)

% who reported carrying out at least one action since phase 1 (based on consumption at phase 1)



% who reported carrying out at least one action since phase 1



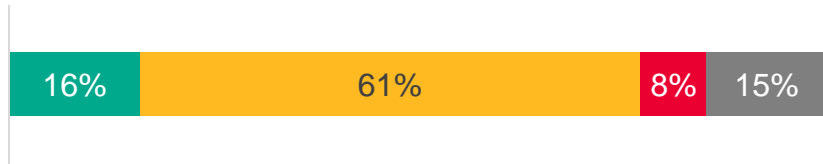
Non-binary not shown as base=3, too small for direct comparison

Base (for both charts above): phase 2 participants who filled in the Drinking Check for themselves (n=358)

What people did after they filled in the Drinking Check for themselves

At phase 2, one fifth said their risk level was lower. Two thirds decreased their units per week which is a more granular measure (and less likely to be affected by people not completing the Drinking Check at phase 2). Any increase could be due to the research taking place so close to Christmas/ the holiday season

Self-reported change in risk level between phase 1 and 2

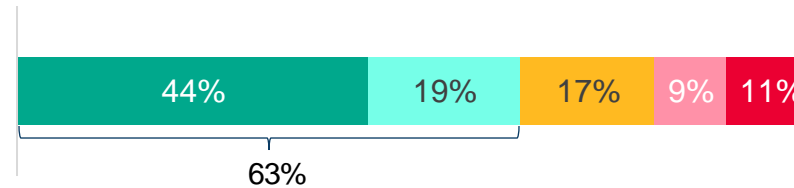


- Lower than last time
- Higher than last time
- Same as last time
- Don't know/ can't remember

Base: phase 2 participants who filled in the Drinking Check for themselves (n=358)

- More of those aged 55+ (66%) said their risk level was **the same** compared to 18–34-year-olds (47%)
- More aged 18–34 said their risk level was **higher** (16%) compared to 55+ year olds (3%).

Change in units per week between phase 1 and 2



- 6+ unit decrease
- 1-5 unit decrease
- No change
- 1-5 unit increase
- 6+ unit increase

Base: participants who filled in the Drinking Check for themselves and answered this question at both phase 1 and 2 (n=328)

- More at high risk decreased units per week by 6+ (65%) compared to those at increasing (42%) and low risk (14 units) (32%) (by consumption at phase 1)
- Fewer at high risk decreased units per week by 1-5 (2%) compared to those at increasing (21%) and low risk (14 units) (24%) (by consumption at phase 1)

While 63% decreased their units per week between phases of the research, only 23% reported reducing their drinking (slide 42), suggesting some people had trouble assessing a reduction in their drinking.

Similarly, 29% of those who reported a *reduction* in their drinking either increased or did not change their units.

Impact case study

I never knew it was really, really that bad until I took the test

- Jemma is in her late 20s and has spent most of the last 10 years drinking too much – a habit she picked up at university. Doing the Drinking Check helped her to realise that she could be harming her long-term health and gave her an incentive to reduce her drinking.
- She still drinks when she goes out but is more conscious of how she feels and what she's drinking. If she starts to feel tipsy, she'll stop, have a mocktail, or think about going home. It hasn't affected her social life, and she still has fun. She's also buying less alcohol in the weekly shop so there's less temptation to drink at home. She estimates she drinks about half what she was drinking before doing the Drinking Check.
- She has also talked about the Drinking Check to her friends and, although they appeared to take no notice at first, Jemma believes they too have cut down a little over the last few weeks. Alcohol is a big part of socialising for many young adults, and Jemma feels that this audience would benefit from some targeted advice about the potential harms of drinking, and some practical tips on cutting down.



"I never knew it was really, really that bad until I took the test. So, after taking the test, I feel much better and I've reduced my intake. I feel much better within my body - the more you train yourself, you get used to it. Whenever I feel like drinking a lot, what I do is I just take a walk. I leave my house and walk, and I feel better."

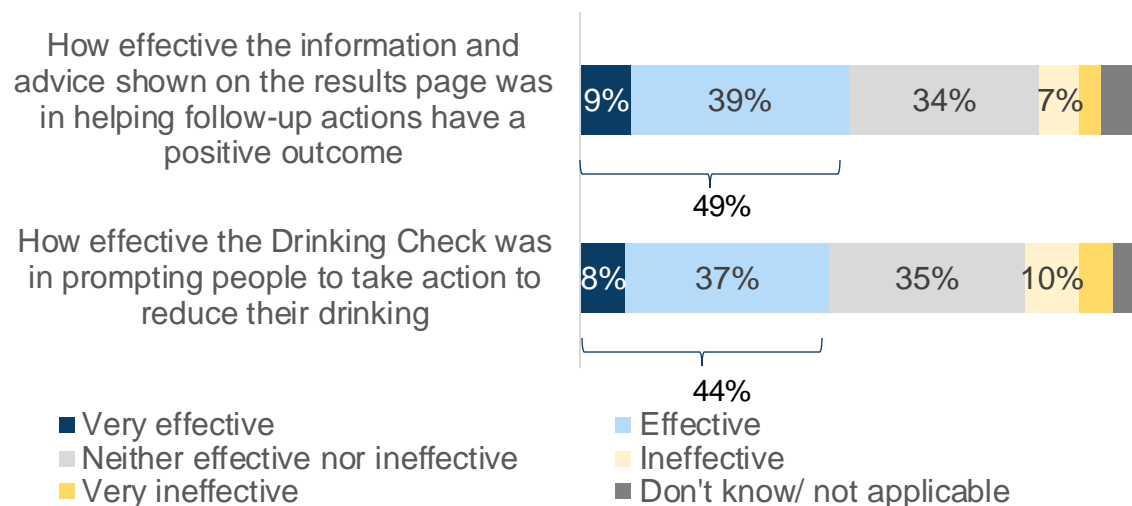
Female, 25-34 years (London)

"Honestly, that quiz really helped me because I did not know it was a high risk to my health. So, that made me reduce my intake and I really give kudos to the organisers of the quiz. If not for that I wouldn't have reduced my intake. I wouldn't have been aware of the risks."

Female, 25-34 years (London)

What people did after they filled in the Drinking Check for themselves

Most people who had made at least one change to their behaviour attributed those changes to the Drinking Check and/or the information and advice shown on the results page



Base: phase 2 participants who filled in the Drinking Check for themselves (n=358)

The evidence (shown elsewhere in this report) suggests that people might have found the Drinking Check and information & advice ineffective for a number of reasons: i.e. some were not interested in changing their drinking behaviour, some had issues giving accurate answers to some of the questions, some would have preferred more or different information, and in some cases, the Drinking Check gave false reassurance.

- Importantly, 73% of those who reported making **at least one change** agreed that the further information and advice were effective in helping their follow-up actions have a positive outcome
- 69% of those who reported making **at least one change** agreed the Drinking Check was effective in prompting them to take action

- More people aged 18–34 agreed the further information and advice were effective (65%) compared to 43% of those aged 55+
- In addition, more aged 18–34 agreed the Drinking Check was effective in prompting them to take action (65%) compared to 34–55-year-olds (45%) and 55+ (37%)

Some interviewees were already considering or had started making changes at the time of the research and found it reinforced they were making the right decision:

"...I do think engaging with the topic of it makes you more conscious of it. So, I haven't made changes specifically as a result of that [i.e., filling in the Drinking Check], but I am trying to make changes anyway and I think that is a, kind of, reinforcement tool for that, if that makes sense"

Female, 35-44 years (London)

Unintended consequences case study

The Drinking Check may provide false reassurance to some people who, as a result, may not see the need to change their behaviour

- Jack is in his late 40s. He had previously used basic tools to assess his drinking but wasn't familiar with more detailed questions such as *"How often during the last year have you failed to do what was normally expected from you because of drinking?"*
- He suspects he drinks too much (usually one bottle of wine per evening) and was expecting to receive a high risk result from the Drinking Check. However, he answered no to the latter questions about functioning, so his risk level was not as high as he was expecting.
- This provided false reassurance that he does not need to cut down his drinking. As a result, he didn't look at any of the information or advice. Friends have asked if he thinks he might be an alcoholic, but his result made him feel he can demonstrate this is not the case. He said he would have preferred to have been told to make some changes.



"It might have been better just to say, 'you are drinking a lot, we don't think you're at risk, but you might want to think about cutting back a little.' So, something reassuring but actually nudging your behaviour."

"If it's affecting my work, clearly then that is an issue that needs to be addressed, but it's not affecting my work. Then the next question for me, is it affecting my health in other ways? Don't think it is, so why not just carry on?"

Male, 45-55 years (NE England)

What people did after they filled in the Drinking Check for someone else

Three quarters reported taking at least one action following them filling in the Drinking Check for someone else

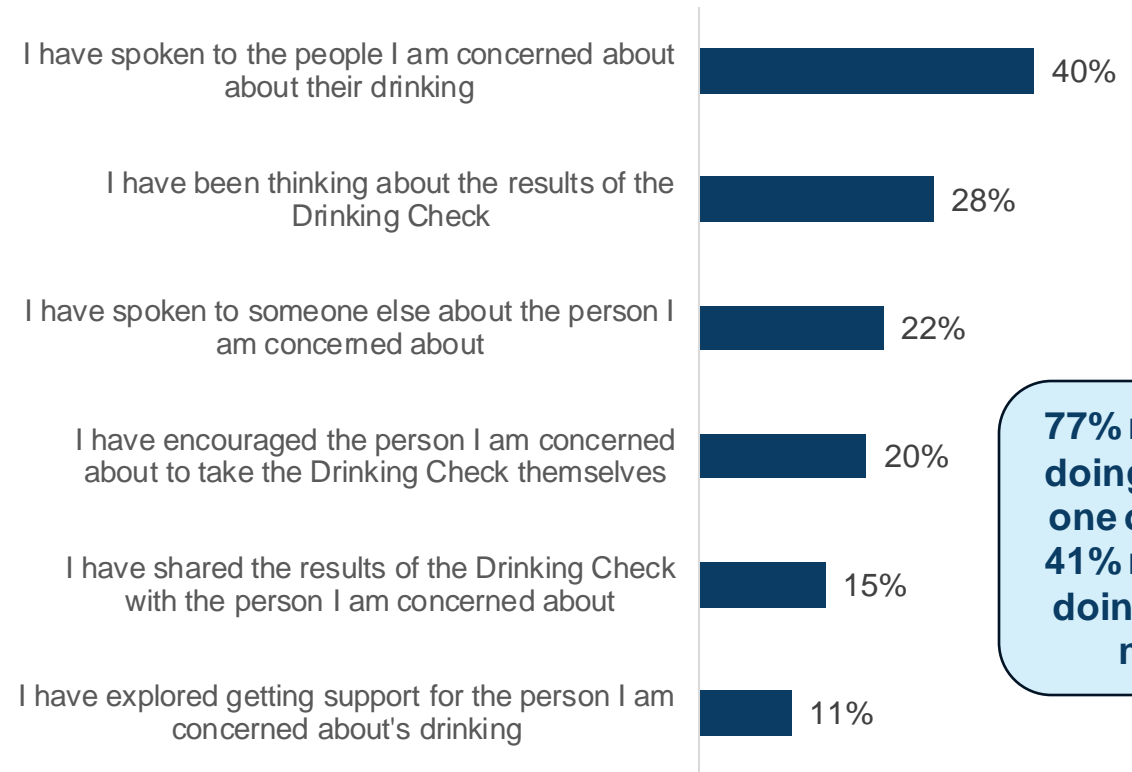
Phase 1, intention to...



Base: phase 1 participants who filled in the Drinking Check for someone else (n=312)

85% stated at least one intention at phase 1

Reported doing since phase 1

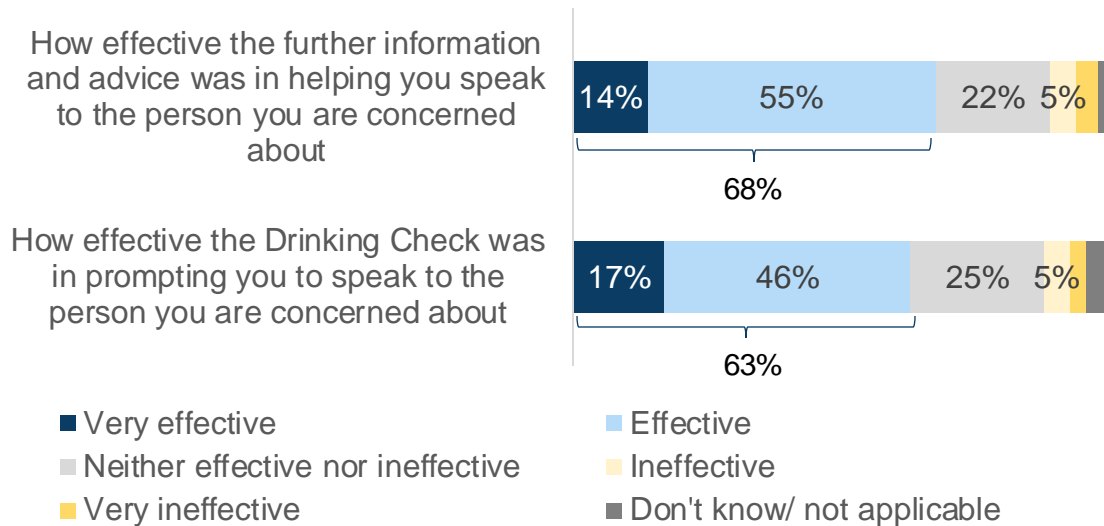


Base: phase 2 participants who filled in the Drinking Check for someone else (n=130)

77% reported doing at least one of these, 41% reported doing two or more

What people did after they filled in the Drinking Check for someone else

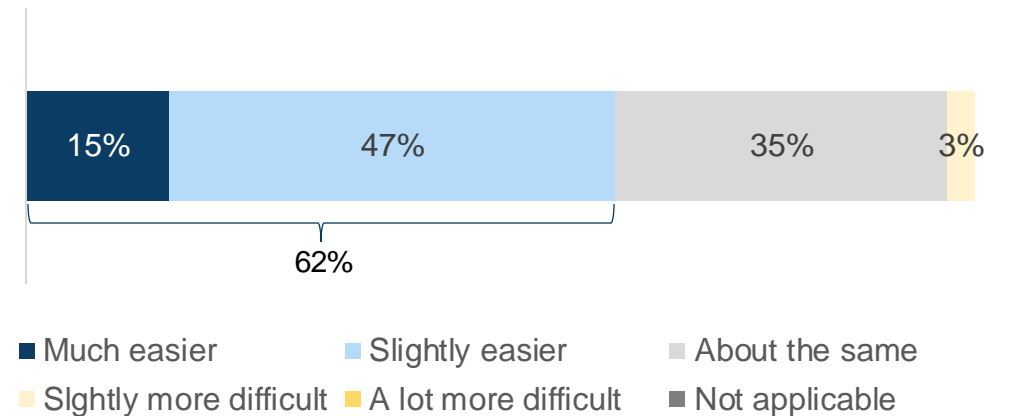
Two thirds attributed the Drinking Check and/or the information and advice shown on the results page as helping them to have conversations with the person they were concerned about



Base: phase 2 participants who filled in the Drinking Check for someone else (n=130)

- 77% of those who reported making **at least one change** agreed that the information and advice on the results page were effective in helping them speak to the person they were concerned about
- 76% of those who reported making **at least one change** agreed that the Drinking Check was effective in prompting them to speak to the person they were concerned about

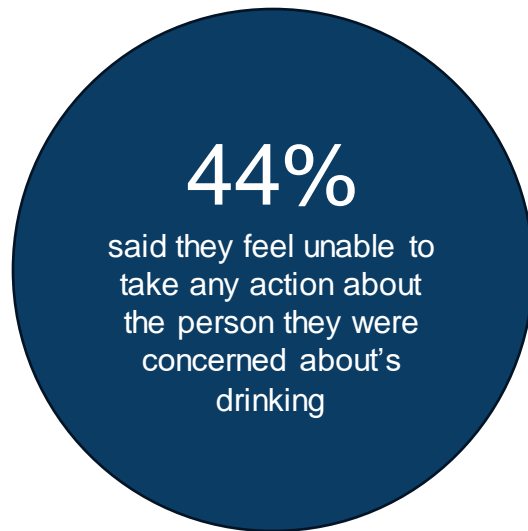
How most recent conversation with person they were concerned about (i.e. post the Drinking Check) compared with any previous ones



Base: phase 2 participants who filled in the Drinking Check for someone else and said they had spoken to or shared results with the person they were concerned about (n=66)

What people did after they filled in the Drinking Check for someone else

It can be challenging, however, to have conversations with someone else about their drinking



Base: phase 2 participants who filled in the Drinking Check for someone else (n=130)

"It's very good but unless you can find a way to get the actual person who has the problem to access the quiz it's no use"

Female, 55-64 years (E Midlands)

"I don't see a huge need for any change, the current page is really well done and has a lot of vital information that could really help change people's lives. Unfortunately, it only helps if the person is willing to accept they have an issue and need to change. It's a battle my family are struggling currently with my sibling"

Female, 25-34 years (SE England)

"It was very useful, however personally I will find it difficult to approach the person in mind for personal reasons"

Male, 35-44 years (W Midlands)

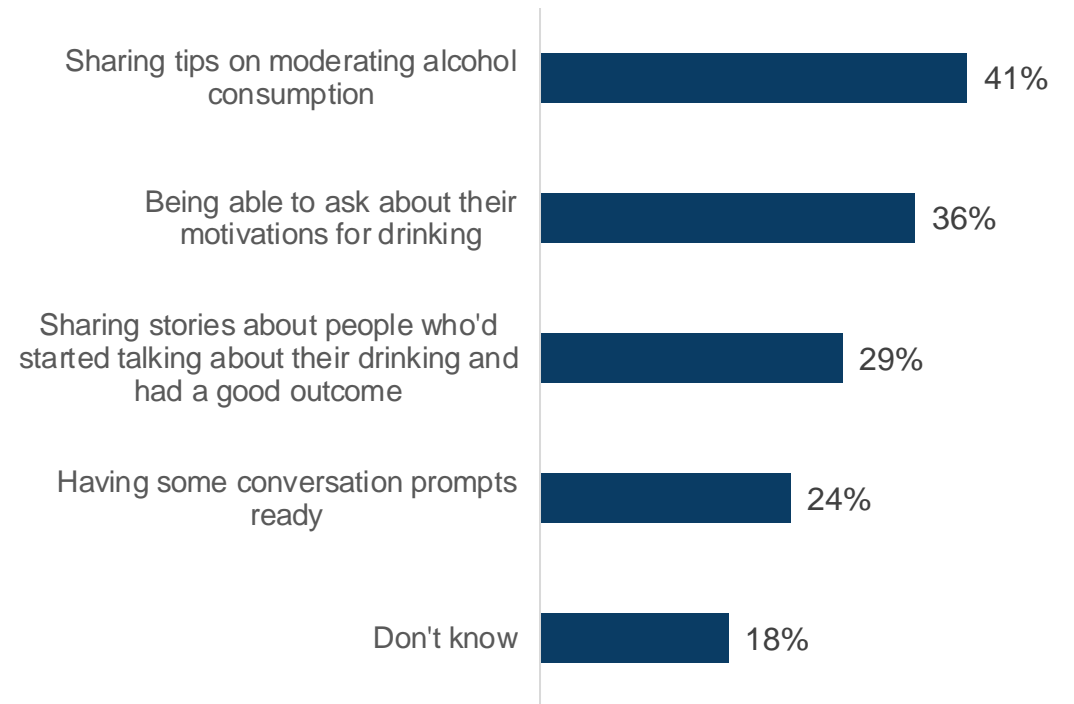
What people did after they filled in the Drinking Check for someone else

People would welcome more support with how to go about these conversations

“I think the Drinkaware quiz is excellent, especially if you are taking it about your own drinking and need help and advice. However, when it comes to the drinking of a loved-one, it is rather problematic. For a start, please change the quiz so that you can answer for another. Also, with addiction and dependency, all the advice and support and knowledge cannot make an addict confront their drinking, but for friends and family your site does help, to an extent.”

Female, 45-54 years (NW England)

What would help to make a conversation with a friend or family member easier



Base: phase 2 participants who filled in the Drinking Check for someone else and said they had spoken to or shared results with the person they were concerned about (n=66)

What people did after they filled in the Drinking Check for someone else

Starting a conversation with loved ones

- Rachel is in her early 50s. She has been a heavy drinker in the past, but a serious health issue in the family led her to stop drinking altogether. She completed the Drinking Check with her husband in mind. She was concerned that he drinks too much and feels that she should speak to him about it, but wanted to find the language, the courage and some supportive facts to be able to do so.
- Doing the Drinking Check on behalf of her husband helped to confirm that those concerns were well founded. When the result came up saying 'possible dependence', Rachel said she stared at the screen for a while, processing a complex mix of emotions – including betrayal for having completed the tool behind her husband's back.
- It was valuable being able to put truthful answers into the online tool – in contrast, her husband would tend to underplay his drinking when discussing it with their GP. Rachel felt more confident to approach her husband knowing that she wasn't 'a nag' or 'going over the top', but that she was right. She likes the way the information was presented in a friendly and approachable way and feels that her husband might be more receptive to this information in this style and online than he would be to a clinical discussion or even from the NHS website.



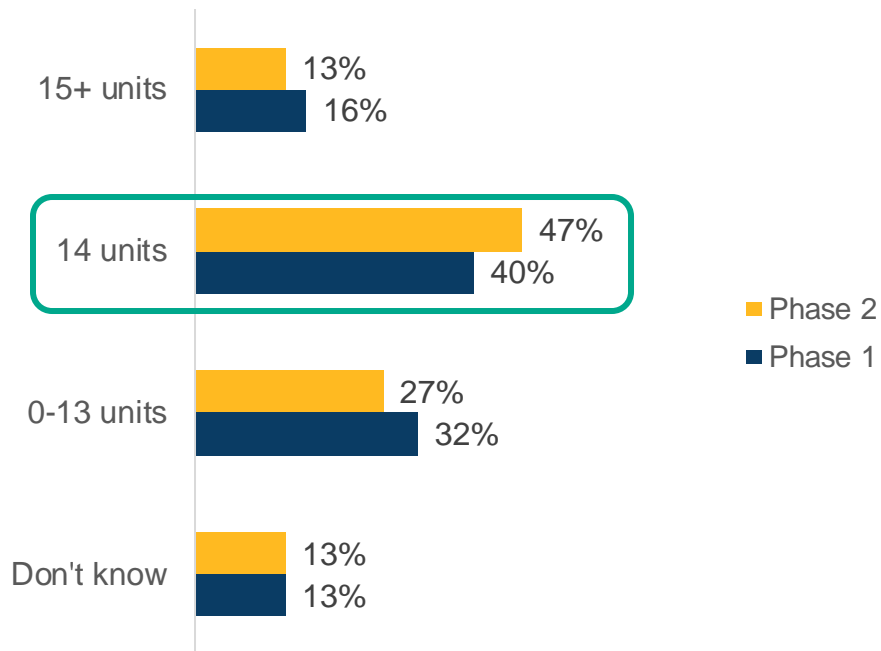
“There's still this laughableness about hangovers and missing a day at work. I like the way that the quiz approaches these things, 'Have you ever felt bad? Have you felt wrong? Have you missed a day at work?' It is on a cultural level but it's personal as well. People do just laugh it off, but you shouldn't be losing the next day because you've got in a state the day before. I like the fact that it approaches those areas.”

Female, 45-54 years (NW England)

Recall of CMOs' low risk drinking guidelines

After completing the Drinking Check, almost half could recall the maximum recommended number of units per week

Participants' knowledge of the maximum recommended number of units per week



Base: all phase 1 (n=939) and phase 2 participants (n=488)

- At both time points, more of those who filled in the Drinking Check **for themselves** gave the correct answer (43% at phase 1 and 51% at phase 2) compared to those who filled it in **for someone else** (32% at phase 1 and 35% at phase 2)
- At phase 1, more of those at low risk (14 units) (56%) knew the guidelines, compared to those at both increasing (43%) and high (36%) risk (by consumption). There was no difference at phase 2
- At phase 1, amongst those who filled in the Drinking Check **for themselves**, more 55+ year olds gave the correct response (52%) compared with 18–34-year-olds (36%). There was no difference at phase 2

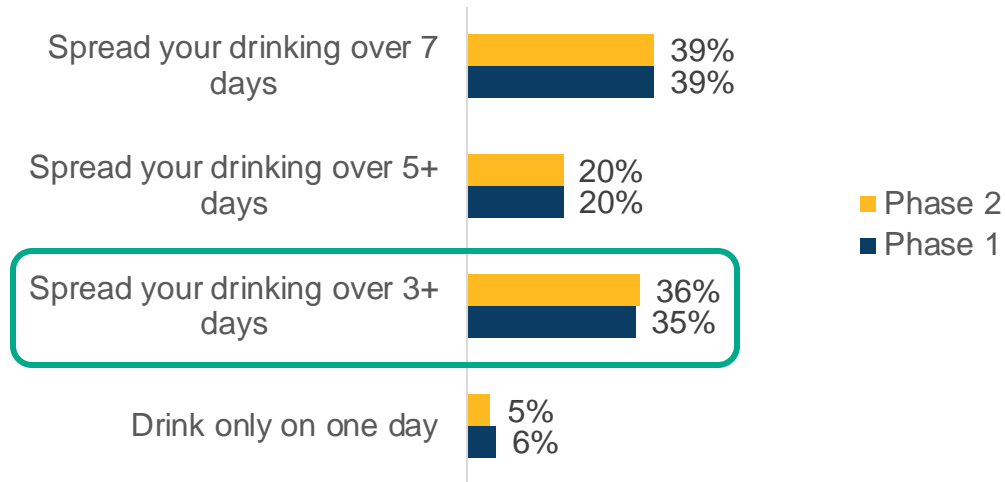
The Drinking Check results page shows the CMOs' low risk guidelines, which probably helped participants recall the correct figure.

In the 2022 Drinkaware Monitor, **27% of people drinking 15+ units a week** knew this figure. However, these participants had not been exposed to the recommendations prior to answering survey questions so this figure is more a measure of knowledge rather than recall.

Recall of CMOs' low risk drinking guidelines

Recall of other lower risk drinking behaviours was similar with fewer than half answering correctly

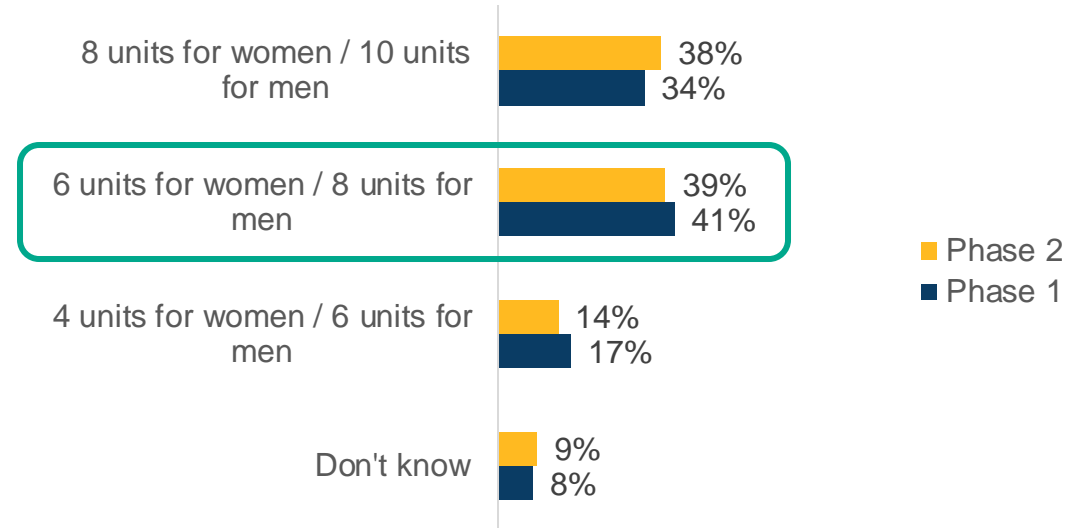
Just over a third of people identified it is recommended that alcohol consumption is spread over 3 or more days



Base: all phase 1 (n=939) and phase 2 participants (n=488)

- More of those who filled in the Drinking Check **for themselves** at phase 2 answered correctly (39% v 27% of those who filled it in for someone else).
- Amongst those who filled it in **for themselves**, there was no difference for age at phase 1, but at phase 2 more 18–34-year-olds (51%) gave the correct answer compared to those aged 55+ (34%).

Two in five people knew the correct definition of “binge drinking”



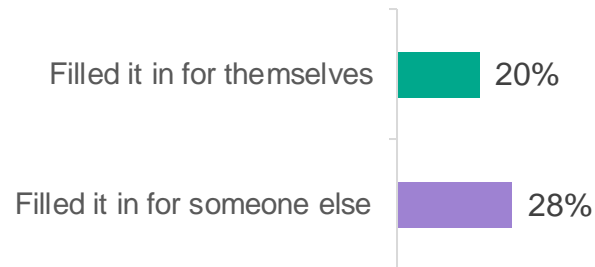
Base: all phase 1 (n=939) and phase 2 participants (n=488)

- More of those who filled in the Drinking Check **for someone else** at phase 2 answered correctly (46% v 36% of those filling it in for themselves).
- Amongst those who filled it in **for someone else**, more 18–34-year-olds gave the correct answer (51%) at phase 1 than 35–54-year-olds. There was no difference at phase 2.

Filling in the Drinking Check more than once

Between a fifth and a quarter looked at the Drinking Check between the phases of research; most commonly because they were curious to have another look at it

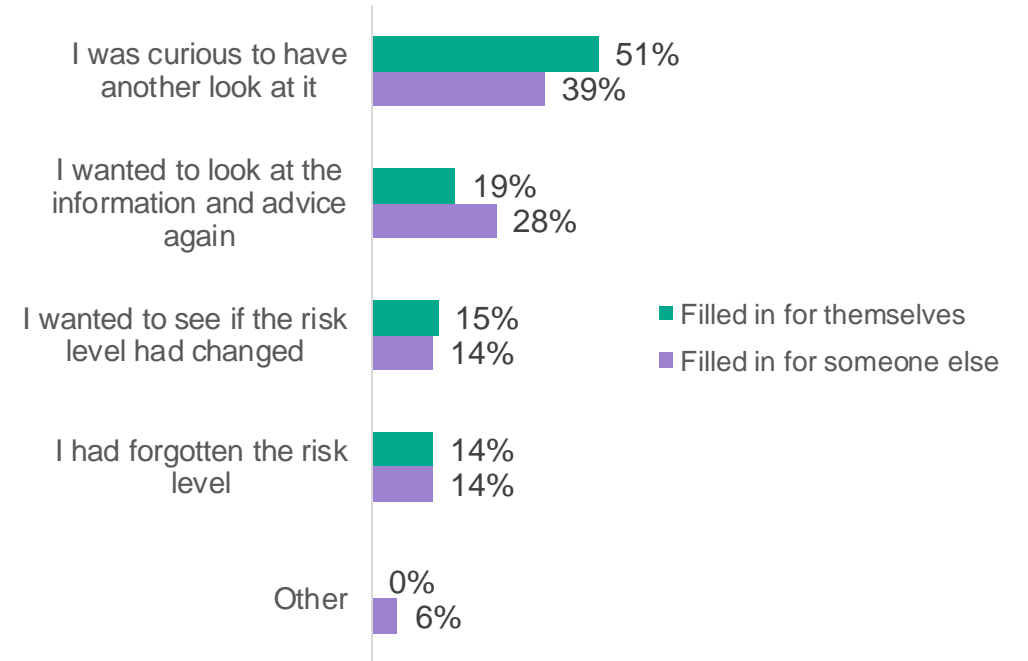
People who looked at the Drinking Check on their own between phase 1 and 2



Base: all phase 2 participants (n=488)

- It is possible that more people would have taken another look at the Drinking Check had there been more time between the two phases of research (there was only 3 weeks between the end of phase 1 and start of phase 2).
- This might help to explain why wanting to see if their risk level had changed was the third most common reason; people were not necessarily expecting it to have changed in such a short space of time, especially with Christmas/ the holiday season so close.

Reason for filling in the Drinking Check between phase 1 and 2



Base: all phase 2 participants who had looked at the Drinking Check between phase 1 and 2 (n=108)

Filling in the Drinking Check more than once

Any value of re-doing the Drinking Check may be dependent upon whether people are intending to, or already have, changed their behaviour

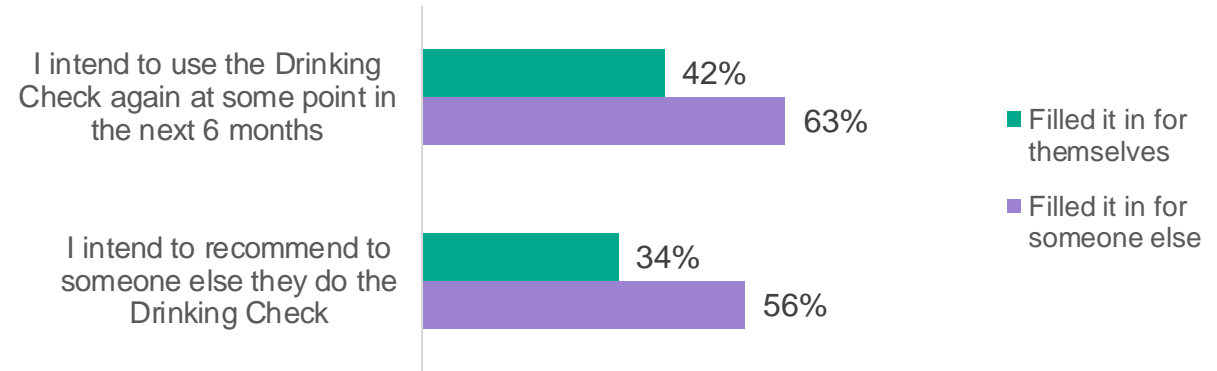
At phase 2, levels of concern about the amount of alcohol they or someone else drink had not changed a great deal:

- 30% of those who filled in the Drinking Check for themselves compared with 37% at phase 1
- 85% of those who filled in the Drinking Check for someone else compared with 90% at phase 1.

Neither had people's intentions to take action:

- In both groups, fewer people reported intentions to take action after phase 2 but only by $\leq 9\%$ (see next slide for further detail)

Going forward, some were intending to engage with the Drinking Check again



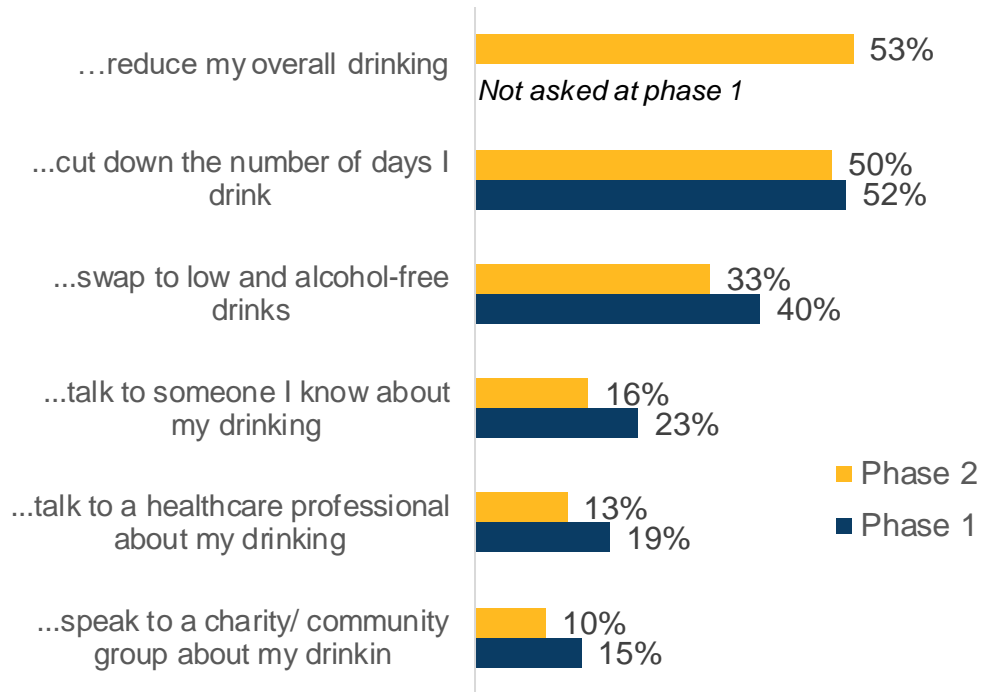
Base: all phase 2 participants (n=488)

- People who did not perceive a need to change their behaviour did not report planning to look at the Drinking Check again in the future
- However, those who were ready to make a change, or had started cutting down, could see the value of re-doing the Drinking Check as a progress check or reminder to maintain these changes
- There were different views about recommending the Drinking Check to others; some said they would try and help another person, but others were concerned about how it might come across (e.g. as criticism or judgement).

Filling in the Drinking Check more than once

The proportion intending to make changes after phase 2 was similar (or only slightly lower) compared to phase 1

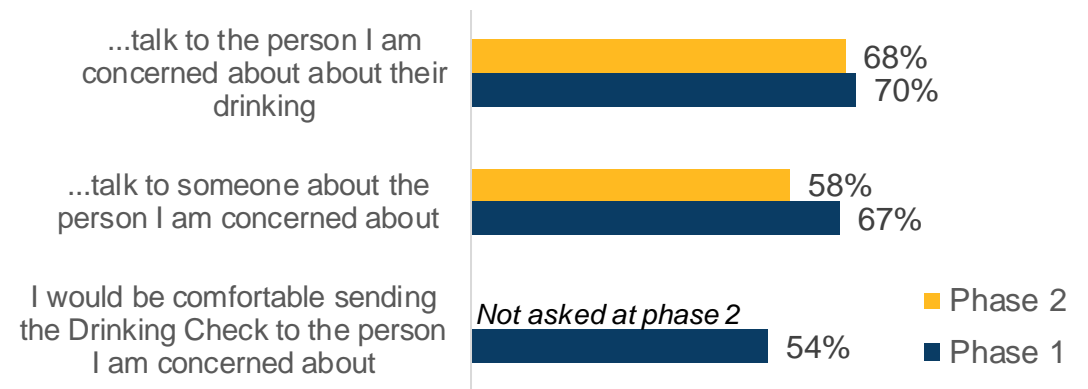
Intention to... (people who filled it in for themselves)



Base: phase 1 (n=627) and phase 2 participants who filled in the Drinking Check for themselves (n=358)

Given the data (earlier in this report) that showed the proportion reporting an action or behaviour at phase 2 was only slightly lower than the proportion stating an intention at phase 1, this data suggests that going forwards (i.e. following phase 2), some people would have been likely to take at least one action or make at least one behaviour change.

Intention to... (people who filled it in for someone else)



Base: phase 1 (n=312) and phase 2 participants who filled in the Drinking Check for someone else (n=130)

Learnings and further development



Learnings and further development

Summary of key findings

- This study provides some evidence of behaviour change a few weeks after completing the Drinking Check. In the weeks following their first encounter with the Drinking Check, two thirds of participants reduced the number of units they drink per week and the decrease was greatest amongst those who drank the most.
- We should be careful about attributing any change to filling in the Drinking Check twice, since around half of the phase 1 participants did not complete it again at phase 2.
- However, there were some indications that the Drinking Check and information and advice on the results page brought about some of this change: of the participants who reported making at least one change, more than two-thirds attributed the changes they had made to the Drinking Check (69%) and the information and advice which followed (73%).
- Furthermore, three quarters of those who filled in the Drinking Check for someone else said they had taken action such as speaking to someone about their drinking. Amongst this group, three quarters said this was – at least in part – due to their interaction with the Drinking Check and the subsequent information and advice.

Learnings and further development

Summary of key findings

- This impact data is encouraging and is supported by some positive stories from the qualitative research. Taken together, we believe this is evidence the Drinking Check is a valuable tool for many people trying to understand the risks associated with their drinking, or that of someone else, and take a step towards addressing these. However, follow up research would be required to establish whether any action or change was sustained in the medium- to long-term.
- Nevertheless, feedback on the Drinking Check questions suggested that some people found it challenging to calculate accurately how many units they were consuming per week and did not find the AUDIT frequency questions matched their drinking habits. In addition to querying the Drinking Check questions, some people questioned whether AUDIT is the right way to assess their drinking (e.g. it doesn't take account of other health behaviours, drinking behaviour can vary from week to week).
- Others questioned the accuracy of their risk level. These may be people who do not want, or perceive a need, to change their behaviour and were, therefore, looking for reasons to dismiss their score. While a digital self-assessment tool may not be the most effective way to reach all of these people, some may be engaged by the provision of a different approach – be that an alternative to the self-assessment tool, different ideas for drinking less, or a different tone to the guidance.

Learnings and further development

Summary for future development

- Given the issues some had, it might be worth considering how to support people to answer the Drinking Check questions more accurately. This may need to include more detailed information about what constitutes a unit of alcohol and how different %ABVs can affect this. We recognise that the AUDIT questions and response options cannot be changed but it might be worth having an explanation of how to answer the frequency questions for those who feel the response options do not match their drinking habits.
- Suggestions were given for more engaging, positively framed and interactive information and personal stories to be made available on the website following the risk level. This may help to increase engagement in the further information and advice which is currently available. Increasing knowledge of the potential harms of drinking alcohol and the CMOs' guidelines for low risk drinking via this route could help to encourage behaviour change.
- Drinking patterns vary with age (e.g. binge drinking is most common amongst 18–34-year-olds, see Drinkaware Monitor 2022), and younger people are likely to experience a different relationship between their drinking and social interactions and perhaps even social expectations. They may need different messaging and advice around their drinking compared to people who engage in different patterns of drinking.

Learnings and further development

Summary for future development

- There appeared to be a need for more support and information that is tailored for people who are concerned about a loved one. We have seen that they are prepared to take action to address a friend or family member's drinking. However, they can feel at a loss as to how to go about this and worry about damaging their relationship with the individual.
- Future research should consider the best time of year to conduct this type of study; the impact of the Drinking Check might have been affected by the research taking place too close to Christmas/ the holiday season. In addition, having more time between phase 1 and 2 might have given people more time to change their behaviour and see a reduction in their risk level.

Thank you

drinkaware

Drinkaware

First Floor, Michael House
35 Chiswell Street
London EC1Y 4SE

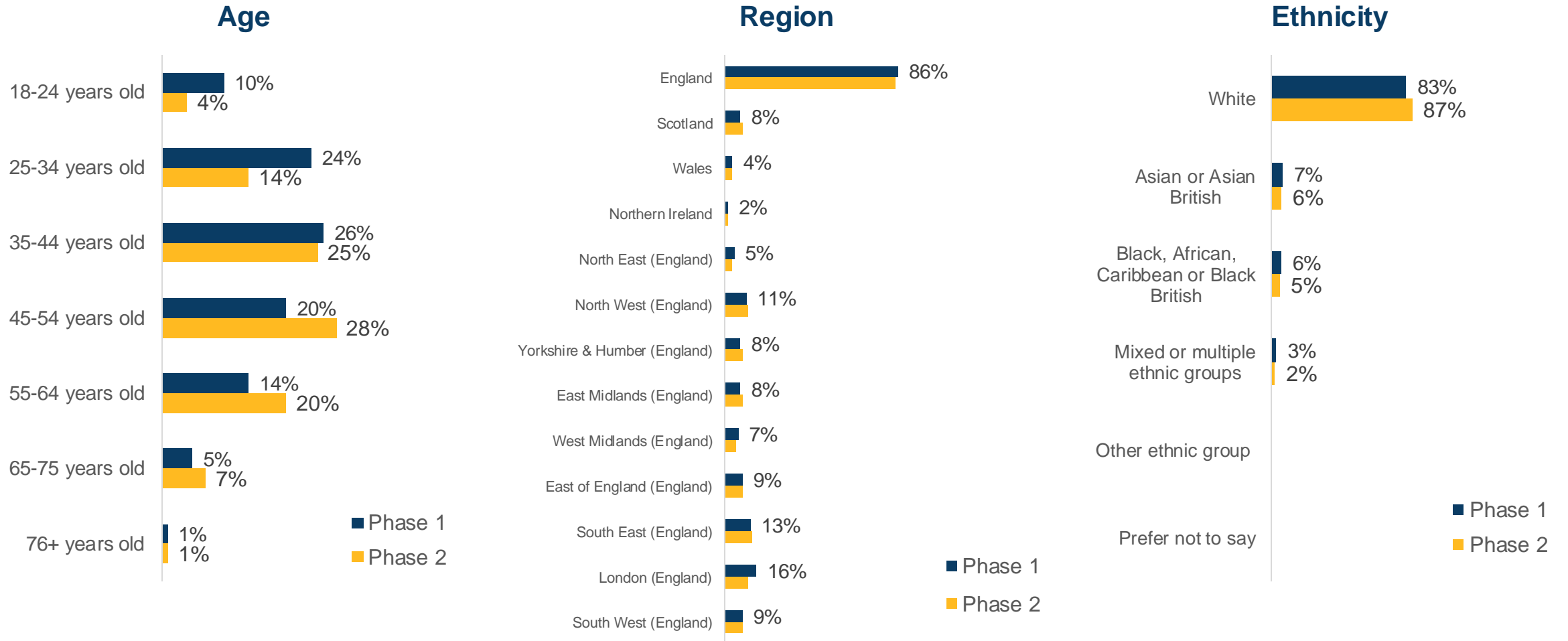
t. 020 7766 9900

e. contact@drinkaware.co.uk

Appendix

Appendix

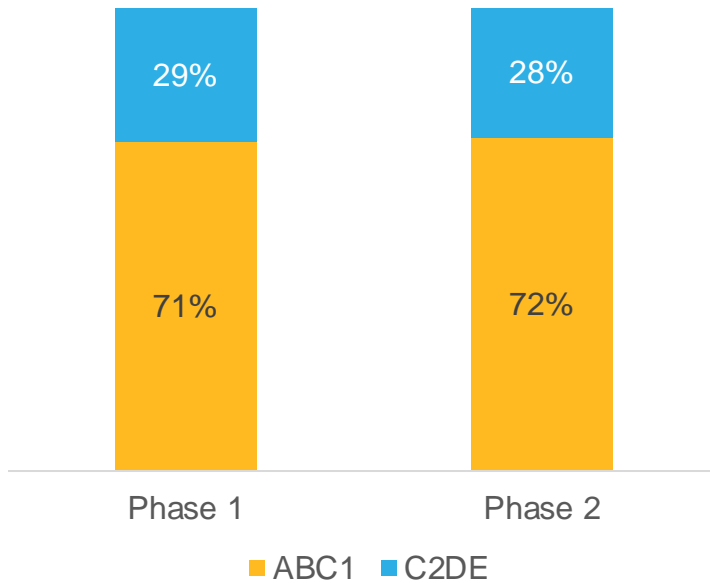
Sample, phase 1 (n=939) and phase 2 (n=488)



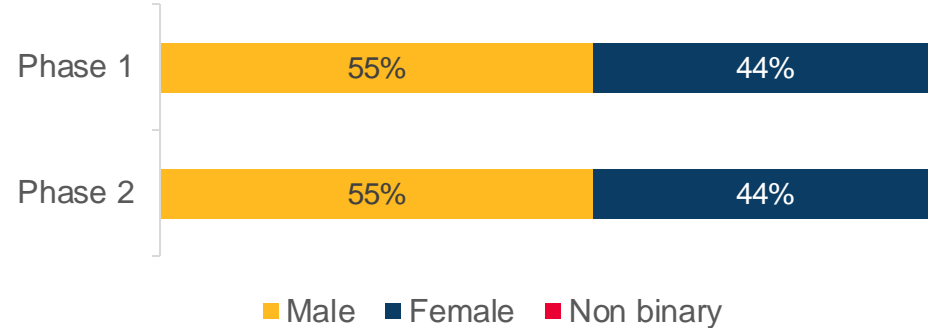
Appendix

Sample, phase 1 & 2 (contd.)

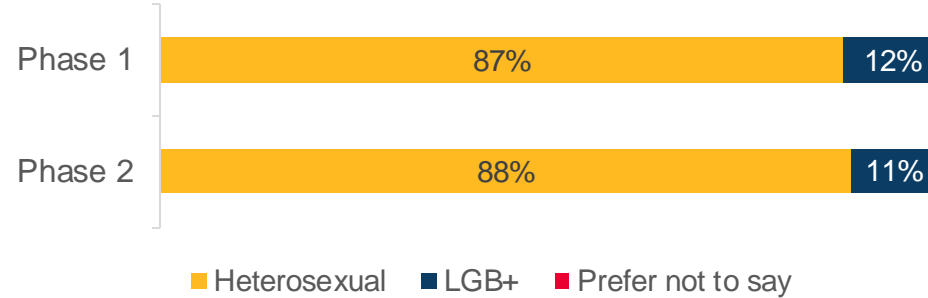
Social grade



Gender



Sexual orientation



At phase 1, 29% had a mental/ physical health condition(s) lasting or expected to last 12 months or more (27% at phase 2)